

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
L1	44	sildenafil same vacuum	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 08:51
L2	9	sildenafil with vacuum	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 09:22
L3	60	sildenafil with vasodilator	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 09:25
L4	12	sildenafil with PGE1	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 09:25
S1	95	("6251436" "6200591" "6350760" "6087362" "6462047" "6266560" "6376509" "6458790" "6472398" "6476037" "6365590" "6323241" "6696072" "6271211" "6514536" "5925629" "6036977" "6103765" "5447912" "6451783" "5954631" "6124461" "6368640" "6482426" "6241752" "6309344" "4931445" "6465465" "6451807" "6200571" "6031002" "6294534" "6410548" "5576290" "6051555" "5855548" "6476021" "6291471" "5730987" "5583144" "5488059" "5958926" "6133272" "6172060" "6172068" "6177428" "6197778" "6197782" "6211179" "6221881").pn. ("6211179" "6221881" "6232321" RE37234 RE37234 "6316457" "5718917" "5874437" "6353028" "6231502" "6194433" "4840952" "6183414" "5518499" "5820587" "6303606" "6472425" "6037346" "6127363" "5236904" "6110489" "6303135" "5952006" "6414027" "5942545" "6221021" "6221021" "6023640" "6444237" "6007824" "6187790" "6650943" "6086884" "6544563" "6319194" "5916569" "5267963" "5981563" "6051594" "6100286" "5344389" "5997470" "6214849" "6214849" "6338862" "6541487" "6284763" "6458797" "6166061" "6093709").pn.	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 07:15
S2	4447	(drug or medication) same vacuum	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:28

S3	13	S1 and S2	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:28
S4	8	("4742833" "5270323" "5464386" "5571118" "5622944").PN. OR ("6266560"). URPN.	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:41
S5	10	("4633870" "4951663" "5199442" "5366490" "5478339" "5500918" "5571118" "5649972" "5692520" "5968033").PN. OR ("6241752"). URPN.	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:43
S6	54	("2283285" "3499437" "3735756" "3744486" "3760799" "3809977" "4073289" "4127118" "4252786" "4309989" "4334543" "4484569" "4542753" "4580570" "4585005" "4612937" "4663102" "4666702" "4757820" "4829991" "5000185" "5010895" "5062430" "5067480" "5236904" "5242391" "5270323" "5286488" "5295485" "5413550" "5447912" "5462059" "5482039" "5565466" "5571118" "5578060" "5583144" "5630837" "5690114" "5692520" "5722412" "5731339" "5769079" "5769088" "5853755" "5855548" "5885614" "5893363" "5931783" "5947901").PN. OR ("6221021"). URPN.	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:44
S7	9	("1225341" "4378008" "4856498" "5083556" "5094230" "5195943" "5421808" "5951460").PN. OR ("6183414"). URPN.	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:48
S8	657	(600/38-41).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/12 22:48
S9	24	((drug or medic\$5) with vacuum) and S8	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:52
S10	63	pde-5	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:53
S11	73	pde-v	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:53

S12	136	S10 or S11	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:53
S13	57	vacuum and S12	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/12 22:53
S14	3	((("6514193") or ("6537193") or ("5460592")).PN. or (2004/0015037).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/14 08:08
S15	1	("20040015037").PN.	US-PGPUB; USPAT	OR	OFF	2005/03/14 08:09
S16	258	(600/7).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/14 08:09
S17	843	(600/3,7,8).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/14 08:16
S18	714	tubular with seed	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/14 08:17
S19	63	S17 and S18	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/14 08:27
S20	1	crimp\$3 and S14	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/14 08:27
S21	657	(600/38-41).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/14 13:11
S22	115	injection and S21	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/14 15:14
S23	1	("4881503").PN.	US-PGPUB; USPAT	OR	OFF	2005/03/14 15:15
S24	1	("4881303").PN.	US-PGPUB; USPAT	OR	OFF	2005/03/14 15:15
S25	179	(600/40).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/14 15:15
S26	0	alferness.in. and atlas	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/16 11:31
S27	25	alferness.in. and atlas	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/16 11:31
S28	11	alferness.in. and (atlas same knit)	USPAT	OR	ON	2005/03/16 15:00
S29	1	("20040092787").PN.	US-PGPUB; USPAT	OR	OFF	2005/03/16 15:27
S30	3	((("6742524") or ("6546936") or ("6431174")).PN.	US-PGPUB; USPAT	OR	OFF	2005/03/16 15:27

S31	6	((("6589990") or ("6548544") or ("6376554") or ("6398720") or ("6414027") or ("6436944")).PN.	US-PGPUB; USPAT	OR	OFF	2005/03/21 07:19
S32	307	(600/38).CCLS.	US-PGPUB; USPAT	OR	OFF	2005/03/21 07:19
S33	0	("vacuumand2").PN.	US-PGPUB; USPAT	OR	OFF	2005/03/21 07:19
S34	92	vacuum and S32	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 07:20
S35	28	(drug or medication or medicine) and S34	US-PGPUB; USPAT; USOCR	OR	ON	2005/03/21 08:51

Jeanne or Emory

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

SEARCH REQUEST FORM

144984

Requestor's Name: Sam Gilbert

Serial Number: 10/645,869

Date: 2/11/05

Phone: 571-272-4725

Art Unit: 3736

Search Topic:

Please write a detailed statement of search topic. Describe specifically as possible the subject matter to be searched. Define any terms that may have a special meaning. Give examples or relevant citations, authors, keywords, etc., if known. For sequences, please attach a copy of the sequence. You may include a copy of the broadest and/or most relevant claim(s).

Inventors: J. Frank Koenig
John J. Basile

EO. 8/22/2003 → priority 8/22/2002

A method of treating erectile dysfunction +
- diagnosing it as a
primary cause for the erectile dysfunction

by 1) applying momentary vacuum therapy to
the penis

and 2) administering to the patient an
erectile dysfunction medication.

I need a method including only 1. and
a method including 1 and 2. thanks

STAFF USE ONLY

Date completed: _____

Searcher: Quinn Thompson

Terminal time: _____

Elapsed time: _____

CPU time: _____

Total time: _____

Number of Searches: _____

Number of Databases: _____

Search Site

_____ STIC

_____ CM-1

_____ Pre-S

Type of Search

_____ N.A. Sequence

_____ A.A. Sequence

_____ Structure

_____ Bibliographic

Vendors

_____ IG

_____ STN

_____ Dialog

_____ APS

_____ Geninfo

_____ SDC

_____ DARC/Questel

_____ Other

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STIC Search Report

EIC 3700

STIC Database Tracking Number: 144984

TO: Samuel Gilbert
Location: RND 7a25
Art Unit: 3736

Case Serial Number: 10/645869

From: Jeanne Horrigan
Location: RND 8A34
Phone: 571-272-3529

jeanne.horrigan@uspto.gov

Search Notes

Attached are the search results for the method of treating erectile dysfunction.

There was so much material on the use of the vacuum alone that I limited the search to items that mentioned both the vacuum and drugs, and I tagged only those that used a combination of the two. However, many of the references in these search results talk about just the vacuum treatment. **I suggest that you review ALL of the results.**

Also attached is a search feedback form. Completion of the form is voluntary. Your completing this form would help us improve our search services.

I hope the attached information is useful. Please feel free to contact me if you have any questions or need additional searching on this application.



STIC Search Results Feedback Form

EIC 3700

Questions about the scope or the results of the search? Contact *the EIC searcher or contact:*

John Sims, EIC 3700 Team Leader
RND 8B35, Phone 2-3507

Voluntary Results Feedback Form

➤ I am an examiner in Workgroup: Example: 3730

➤ Relevant prior art **found**, search results used as follows:

- ☐ 102 rejection
- ☐ 103 rejection
- ☐ Cited as being of interest.
- ☐ Helped examiner better understand the invention.
- ☐ Helped examiner better understand the state of the art in their technology.

Types of relevant prior art found:

- ☐ Foreign Patent(s)
- ☐ Non-Patent Literature
(journal articles, conference proceedings, new product announcements etc.)

➤ Relevant prior art **not found**:

- ☐ Results verified the lack of relevant prior art (helped determine patentability).
- ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/EIC3700 RND 8B31



File 350:Derwent WPIX 1963-2005/UD,UM &UP=200513

(c) 2005 Thomson Derwent

File 348:EUROPEAN PATENTS 1978-2005/Feb W03

(c) 2005 European Patent Office

File 349:PCT FULLTEXT 1979-2002/UB=20050217,UT=20050210

(c) 2005 WIPO/Univentio

Set	Items	Description
S1	150	AU='KOENIG J' OR AU='KOENIG J F' OR AU='KOENIG JEAN FRANCO-IS' OR AU='KOENIG JEAN-FRANCOIS'
S2	3	AU='BASILE J' [not relevant]
S3	0	S1 AND S2
S4	9765	PENIS OR PENILE OR ERECTILE
S5	0	S1 AND S4

File 155:MEDLINE(R) 1951-2005/Feb W4

(c) format only 2005 The Dialog Corp.

File 5:Biosis Previews(R) 1969-2005/Feb W3

(c) 2005 BIOSIS

File 73:EMBASE 1974-2005/Feb W3

(c) 2005 Elsevier Science B.V.

File 34:SciSearch(R) Cited Ref Sci 1990-2005/Feb W3

(c) 2005 Inst for Sci Info

File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec

(c) 1998 Inst for Sci Info

Set	Items	Description
S1	9	AU='KOENIG J F' OR AU='KOENIG J FRANK'
S2	1	AU='KOENIG J.F.'
S3	47	AU='KOENIG JF'
S4	8	AU='BASILE J J'
S5	4	AU='BASILE J.J.'
S6	17	AU='BASILE JJ' OR AU='BASILE JOHN' OR AU='BASILE JOHN J'
S7	0	S1:S3 AND S4:S6
S8	79957	ERECTILE OR PENILE OR PENIS
S9	0	S1:S6 AND S8
S10	125882	VACUUM
S11	2	S1:S6 AND S10
S12	2	RD (unique items) [not relevant]

File 155:MEDLINE(R) 1951-2005/Feb W4
(c) format only 2005 The Dialog Corp.

Set	Items	Description
S1	10909	'IMPOTENCE' OR DC='C12.294.644.486.' OR DC='F3.800.800.400- ' OR 'ERECTILE DYSFUNCTION' OR 'IMPOTENCE, VASCULOGENIC'
S2	10241	VACUUM
S3	230	S1 AND S2
S4	73904	RING? ?
S5	219	S3 NOT S4
S6	66	VACUUM()THERAPY
S7	17	S1 AND S6
S8	17	S7 NOT S4
S9	41689	ATHEROSCLEROSIS
S10	68	S1 AND S9
S11	0	S2 AND S10

8/6/6
12002984 PMID: 9287859
Running an **erectile dysfunction** clinic.
Aug 1997

8/6/12
11231254 PMID: 8521894
Vacuum therapy combined with psychotherapy for management of severe
erectile dysfunction.
1995

8/6/16
09715785 PMID: 1552579
Through the eyes of women: the sexual and psychological responses of
women to their partner's treatment with self-injection or external **vacuum**
therapy .
Apr 1992

8/9/4
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.

12717374 PMID: 10643525
Treatment of **erectile dysfunction** with external **vacuum** devices.
Derouet H; Caspari D; Rohde V; Rommel G; Ziegler M
Clinic of Urology and Pediatric Urology, University of Saarland,
Homburg/Saar, Germany.
Andrologia (GERMANY) 1999, 31 Suppl 1 p89-94, ISSN 0303-4569
Journal Code: 0423506
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS

In a retrospective study, the medical and psychological outcome of the
use of external **vacuum** devices in the treatment of **erectile dysfunction** in

190 patients was evaluated, using a questionnaire and a clinical examination. 110/190 patients (57.8%) answered the questionnaire. 22/110 patients (20%) rejected the device primarily and 34/110 (30.9%) after a period of up to 16 weeks (primary rejection rate 50.9%). A secondary drop-out rate of 8/110 (7.3%) was observed after an intermediate time of 10.5 months. 46/110 (41.8%) patients were long-term users (median 27.6 months, range 7-70 months). Long-term users were mainly patients who did not respond to intracavernosal pharmacotherapy. In the group of long-term users, 98% of patients and 85% of their partners were satisfied with the **vacuum** therapy. Complications were minor (hematoma 9.8%; skin injury 2.2%), 69.8% of long-term users never had problems with the device. 74% of users reported regular orgasm. **Vacuum** therapy is a safe and effective non-invasive treatment of **erectile dysfunction** with a limited primary acceptance and low drop-out rates in long-term follow-ups.

Tags: Female; Male

Descriptors: ***Impotence** --therapy--TH; Adult; Aged; Arteries --ultrasonography--US; Coitus; Ejaculation; Humans; Middle Aged; Orgasm; Patient Satisfaction; **Penile** Erection; **Penis**--blood supply--BS; Sexual Partners; **Vacuum**

Record Date Created: 20000210

Record Date Completed: 20000210

8/9/5

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 The Dialog Corp. All rts. reserv.

12358275 PMID: 9669215

Current treatment and future perspectives for **erectile dysfunction**.

Hatzichristou D G

Department of Urology, School of Medicine, Aristotle University of Thessaloniki, Greece.

International journal of **impotence** research - official journal of the International Society for **Impotence** Research (ENGLAND) May 1998, 10 Suppl 1 pS3-13, ISSN 0955-9930 Journal Code: 9007383

Publishing Model Print

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

During the last fifteen years the field of **erectile dysfunction** has grown tremendously, offering several treatment options to **impotent** patients, such as intracavernosal pharmacotherapy, **vacuum** therapy, **penile** vascular surgery and **penile** prosthetic surgery. Several multicenter clinical trials have been undertaken and numerous studies have been published, showing that the 'gold standard' treatment does not exist. As new oral, intraurethral and intracavernosal medications are added to the armamentarium of physicians and even more will be available for physicians and patients in the near future, the question becomes apparent: which treatment and when? The present paper critically reviews the existing information on currently available treatment options, and discusses future perspectives based on data from ongoing clinical trials. Considerations for the development of a new management strategy are also discussed. (85 Refs.)

Tags: Male

Descriptors: ***Impotence** --therapy--TH; Administration, Topical;

ASRC Searcher: Jeanne Horrigan
Serial 10/645869
March 1, 2005

4

Alprostadil; Humans; **Impotence** --drug therapy--DT; **Impotence** --etiology--ET; **Impotence** --psychology--PX; **Impotence** --surgery--SU; Injections; **Penis**--drug effects--DE; Urethra; **Vacuum**; Vasodilator Agents--administration and dosage--AD; Vasodilator Agents--therapeutic use--TU
CAS Registry No.: 0 (Vasodilator Agents); 745-65-3 (Alprostadil)
Record Date Created: 19980917
Record Date Completed: 19980917

8/9/8

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 The Dialog Corp. All rts. reserv.

11524017 PMID: 8836796

External **vacuum** device therapy for spinal cord injured males with **erectile dysfunction**.

Seckin B; Atmaca I; Ozgok Y; Gokalp A; Harmankaya C

Department of Urology, Gulhane Military Medical Academy, Ankara, Turkey.

International urology and nephrology (HUNGARY) 1996, 28 (2) p235-40,

ISSN 0301-1623 Journal Code: 0262521

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Neurogenic factors contributing to **erectile dysfunction** may be found in up to 20 per cent of organically **impotent** men. Although many options have been suggested for the treatment of some of these problems in male patients, most are invasive and have substantial morbidity. Our study group comprised 32 patients with spinal cord injury. These 32 patients with neurogenic **impotence**, who had been injured at least one year previously and had a regular sexual partner were evaluated. We selected external **vacuum** therapy as the treatment modality. During the initial phase of the study, six patients refused treatment due to negative cultural perception and they were excluded from the study group. Four patients discontinued treatment because of minor complications such as ecchymoses, petechiae and lack of motivation. Our data suggest that external **vacuum** therapy is a feasible, safe, noninvasive alternative and possibly a better initial treatment for the management of **impotence** secondary to spinal cord injury.

Tags: Male

Descriptors: ***Impotence** --therapy--TH; *Spinal Cord Injuries--complications--CO; Adult; Humans; **Impotence** --etiology--ET; Middle Aged; Patient Satisfaction; Treatment Outcome; **Vacuum**

Record Date Created: 19961217

Record Date Completed: 19961217

8/9/9

DIALOG(R) File 155:MEDLINE(R)

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11349411 PMID: 8702344

[Mechanisms of **vacuum** erection]

Mecanismos de ereccion por vacio.

Pomerol Monseny J M
Instituto de Urologia, Nefrologia y Andrologia (IUNA), Fundacion
Puigvert, Barcelona, Espana.

Archivos espanoles de urologia (SPAIN) Apr 1996, 49 (3) p240-4,
ISSN 0004-0614 Journal Code: 0064757

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: SPANISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

OBJECTIVES: To analyze the **vacuum** erection devices utilized in the treatment of **erectile dysfunction**. METHODS: The different devices used for **vacuum** therapy are described. The indications, contraindications, complications, management and patient acceptance of **vacuum** erection devices are discussed. RESULTS: The preliminary data from our study show good patient acceptance of and satisfaction with this type of therapy. CONCLUSIONS: Treatment of some forms of **erectile dysfunction** with **vacuum** devices has achieved encouraging results. Some cases that require higher pressures may benefit from the new electronic **vacuum** devices that are currently being developed.

Tags: Male

Descriptors: ***Impotence** --therapy--TH; Equipment Design; Humans; **Penile Erection**--physiology--PH; **Vacuum**

Record Date Created: 19960903

Record Date Completed: 19960903

8/9/10

DIALOG(R) File 155:MEDLINE(R)

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11331794 PMID: 8632551

Minimally invasive therapies in the treatment of erectile dysfunction in anticoagulated cases: a study of satisfaction and safety.

Limoge J P; Olins E; Henderson D; Donatucci C F

Urology Service, Duke University Medical Center, Durham, North Carolina 27710, USA.

Journal of urology (UNITED STATES) Apr 1996, 155 (4) p1276-9, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Clinical Trial; Controlled Clinical Trial; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

Purpose: We evaluated patient satisfaction with and the safety of **vacuum** therapy and self-injection during warfarin treatment of **impotent** men. Materials and Methods: In a 24-week prospective study 33 patients were assigned to **vacuum** therapy or intracavernous injections with crossover at 12 weeks. Patients maintained diaries, and were followed with physical examinations, coagulation studies and questionnaires. Results: Of the 33 patients 26 completed the study with 706 **vacuum** applications (mean 1.9 weekly) and 605 injections (mean 1.6 weekly). There are 11 acute minor complications with **vacuum** therapy (petechiae that resolved spontaneously) and no chronic complications. Only quality of climax was

and the use of negative pression devices without tension band (plus C.I.D. with vaso-active agents). **In the second case there's a sort of synergistic action between vaso-active agents and vacuum therapy**, representing a sort of "vaso-active exercise" of the **erectile** tissue. There are no absolute contraindications to use of external **penile** devices and potential contraindications are few. The external **penile** devices described represent a reversible therapeutic modality that can augment an inadequate erection and they should prove useful in any man who needs **erectile** enhancement. These devices appear to be particularly effective in men with partial **impotence** in whom only **erectile** enhancement is needed.

Tags: Male

Descriptors: ***Impotence** --therapy--TH; Constriction; Equipment Design; Equipment and Supplies; Humans; **Vacuum**

Record Date Created: 19960327

Record Date Completed: 19960327

8/9/13

DIALOG(R) File 155:MEDLINE(R)

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10149394 PMID: 1844625

Vacuum therapy in the treatment of **erectal impotence** .

Papp G; Hoznek A; Juhasz E; Kopa Z

Department of Urology, Semmelweis University Medical School, Budapest, Hungary.

Acta chirurgica Hungarica (HUNGARY) 1991, 32 (4) p331-5, ISSN 0231-4614 Journal Code: 8309977

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

The authors were the first in Hungary to use **vacuum**-induced erection in the treatment of **erectal dysfunction**. Negative pressure was induced by OSBON ERECAID SYSTEM. **Erectal impotence** was successfully treated with this non-invasive and complications-free method in patients with diabetes and psychic problems. The method was applied first for ameliorating sexual complaints due to virile climacteric and--based on the results--its application is recommended.

Tags: Male

Descriptors: ***Impotence** --therapy--TH; ***Penile** Erection; Adult; Aged; Climacteric; Coitus; Diabetes Complications; Equipment Design; Evaluation Studies; Humans; **Impotence** --etiology--ET; **Impotence** --physiopathology--PP; **Impotence** --psychology--PX; Mental Disorders--complications--CO; Middle Aged; **Penile** Erection--physiology--PH; **Vacuum**

Record Date Created: 19930517

Record Date Completed: 19930517

8/9/14

DIALOG(R) File 155:MEDLINE(R)

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09983285 PMID: 1439855

(5) p281-4, ISSN 0002-9629 Journal Code: 0370506

Contract/Grant No.: MH-41115; MH; NIMH

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

Twelve patients with **erectile impotence** related to diabetic neuropathy were treated with a **vacuum** device, Pos-T-Vac. Efficacy of the device and psychological evaluation (Dyadic Adjustment Scale for marital satisfaction and Hamilton Rating Scale for depression) were performed before and 3 months after treatment. **Vacuum** therapy was successful in 75% of the patients. Patients with successful **impotence** treatment and normal baseline marital satisfaction scores showed a modest increase in the scores of marital satisfaction (from 114 +/- 3 points, baseline, to 121 +/- 3 points, posttreatment; p less than 0.05). **Vacuum** therapy for the treatment of **erectile dysfunction** due to diabetic autonomic neuropathy appears to be safe and effective.

Tags: Male; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Descriptors: *Diabetic Neuropathies--complications--CO; * **Impotence** --therapy--TH; Adult; Humans; Middle Aged; **Penile** Erection; **Vacuum**

Record Date Created: 19920610

Record Date Completed: 19920610

8/9/17

DIALOG(R) File 155:MEDLINE(R)

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09652632 PMID: 1838050

The management of **impotence** in diabetic men by **vacuum** tumescence therapy.

Price D E; Cooksey G; Jehu D; Bentley S; Hearnshaw J R; Osborn D E
Leicester General Hospital, UK.

Diabetic medicine - a journal of the British Diabetic Association (ENGLAND) Dec 1991, 8 (10) p964-7, ISSN 0742-3071 Journal Code: 8500858

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

The treatment of **impotence** in diabetic men with **vacuum** tumescence therapy was studied in a specialist clinic. Of 54 diabetic men referred with **impotence**, seven declined treatment, three chose self-injection with papaverine, and 44 chose **vacuum** therapy. Patients underwent autonomic function testing (heart rate response to respiration), measurement of **penile** blood flow (duplex Doppler scanning), and estimation of serum prolactin and testosterone levels. After 2 months, 33 men (75%) were able to have satisfactory intercourse using **vacuum** therapy. Three others could produce a satisfactory erection with **vacuum** therapy but their partners found it unacceptable. Eight men (18%) were unable to have satisfactory intercourse; six of these were later treated by

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March 1, 2005

self-injection. The median frequency of use of **vacuum** therapy was 5.5 (1-26) times a month. Outcome was independent of **penile** blood flow, autonomic function or endocrine status. **Impotent** diabetic men should be given counselling and offered a choice of the available treatments. **Vacuum** tumescence therapy is an effective and simple treatment which requires little investigation.

Tags: Male; Research Support, Non-U.S. Gov't

Descriptors: *Diabetes Mellitus--physiopathology--PP; * **Impotence** --rehabilitation--RH; Diabetes Mellitus, Type 1--physiopathology--PP; Diabetes Mellitus, Type 2--physiopathology--PP; Humans; **Impotence** --drug therapy--DT; **Impotence** --etiology--ET; Middle Aged; Papaverine --therapeutic use--TU; **Penile** Erection

CAS Registry No.: 58-74-2 (Papaverine)

Record Date Created: 19920309

Record Date Completed: 19920309

File 155:MEDLINE(R) 1951-2005/Feb W4
(c) format only 2005 The Dialog Corp.
File 5:Biosis Previews(R) 1969-2005/Feb W3
(c) 2005 BIOSIS
File 73:EMBASE 1974-2005/Feb W3
(c) 2005 Elsevier Science B.V.
File 34:SciSearch(R) Cited Ref Sci 1990-2005/Feb W3
(c) 2005 Inst for Sci Info
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 1998 Inst for Sci Info
File 144:Pascal 1973-2005/Feb W3
(c) 2005 INIST/CNRS
File 94:JICST-EPlus 1985-2005/Jan W3
(c) 2005 Japan Science and Tech Corp(JST)
File 95:TEME-Technology & Management 1989-2005/Jan W3
(c) 2005 FIZ TECHNIK
File 99:Wilson Appl. Sci & Tech Abs. 1983-2005/Jan
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(c) 2005 ProQuest Info&Learning
File 2:INSPEC 1969-2005/Feb W3
(c) 2005 Institution of Electrical Engineers
File 6:NTIS 1964-2005/Feb W3
(c) 2005 NTIS, Intl Cpyrght All Rights Res
File 8:Ei Compendex(R) 1970-2005/Jan W3
(c) 2005 Elsevier Eng. Info. Inc.

Set	Items	Description
S1	23067	VACUUM() (ERECTION OR ERECTILE OR ERECTAL OR TUMESCEN?? OR - CONSTRIC? OR THERAP? OR PUMP? ?) OR VED OR VCD OR ERECAID OR POST()T()VAC
S2	226763	(PDE()5 OR PDE5)()INHIBITOR? ? OR VASODILATOR? ? OR SILDEN- AFIL()CITRATE OR ALPROSTADIL OR APOMORPHINE OR VIAGRA
S3	362537	MEDICATION?
S4	10330562	DRUG? ?
S5	447647	PHARMACEUTICAL? ?
S6	57709	PHARMACOTHERAP?
S7	22552	(ERECTION OR ERECTAL OR ERECTION)() (DYSFUNCTION??? OR DISF- UNCTION??? OR ENHANCEMENT? ?) OR (PENIS OR PENILE) (2N)ATHEROS- CLEROSIS
S8	39751	IMPOTENT OR IMPOTENCE
S9	605	S1 AND S7:S8
S10	224	(S2:S3 OR S5:S6) AND S9
S11	232	S4 AND S9
S12	327	S10:S11
S13	226237	VACUUM/DE,TI
S14	103164	S3/TI,DE
S15	8953502	S4/TI,DE
S16	510224	S5/TI,DE OR S6/TI,DE OR S2/TI,DE
S17	107	S12 AND S13 AND S14:S16
S18	79	RD (unique items)
S19	9	S18/2004:2005
S20	7	S18/2003
S21	63	S18 NOT S19:S20
S22	63	Sort S21/ALL/PY,A

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S23 39730 S7/TI,DE OR S8/TI,DE
 S24 63 S21 AND S23
S25 63 Sort S24/ALL/PY,A
 S26 17 S1(5N)S2
 S27 16 S1(5N)S3
 S28 55 S1(5N)S4
 S29 43 S1(5N)S5:S6
 S30 77 S26:S29 AND S7:S8
 S31 54 S30 NOT S17
 S32 31 RD (unique items)
 S33 3 S32/2004:2005
 S34 0 S32/2003
 S35 28 S32 NOT S33
S36 28 Sort S35/ALL/PY,A
 S37 12423 S1/TI
 S38 37156 S2/TI
 S39 48026 S3/TI
 S40 846422 S4/TI
 S41 95064 S5/TI OR S6/TI
 S42 248 S37 AND S38:S41
 S43 6 S23 AND S42
 S44 0 S43 NOT (S17 OR S30)
 S45 242 S42 NOT (S17 OR S30)
 S46 0 S7:S8 AND S45

20/6/1 (Item 1 from file: 155)

14870457 PMID: 12851127

The potential benefit of **vacuum** devices augmenting psychosexual **therapy** for **erectile dysfunction** : a randomized controlled trial.

May-Jun 2003

20/6/2 (Item 1 from file: 5)

0014749225 BIOSIS NO.: 200400119982

Prostate cancer and **erectile dysfunction** . Which **therapy** when?

ORIGINAL LANGUAGE TITLE: Prostatakarzinom und erektile Dysfunktion. Welche **Therapie** wann?

2003

20/6/3 (Item 2 from file: 5)

0014628130 BIOSIS NO.: 200300578807

Erectile dysfunction after radical prostatectomy and its treatment.

2003

20/6/4 (Item 3 from file: 5)

0014596193 BIOSIS NO.: 200300552624

[New treatment options for **erectile dysfunction** . Pharmacologic and nonpharmacologic options.]

ORIGINAL LANGUAGE TITLE: Neue **Therapieoptionen** zur Behandlung der erektilen Dysfunktion. Medikamentöse und nichtmedikamentöse Möglichkeiten.

2003

20/6/5 (Item 4 from file: 5)

0014143847 BIOSIS NO.: 200300102566
Erectile dysfunction : Current concepts and future directions.
2003

20/6/6 (Item 1 from file: 73)
12507161 EMBASE No: 2004104392
What to do when oral treatment fails?
2003

20/6/7 (Item 2 from file: 73)
12200412 EMBASE No: 2003310195
Erectile dysfunction : Etiology and treatment in young and old
patients
2003

25/6/6 (Item 6 from file: 155)
09424751 PMID: 2051156
Evaluation and treatment of **erectile dysfunction** following spinal
cord injury: a review.
Apr 1991

25/6/8 (Item 8 from file: 73)
05223295 EMBASE No: 1992363529
Impotence in diabetes: Aetiology, implications for treatment and
preferred **vacuum** device
1992

25/6/11 (Item 11 from file: 144)
10057460 PASCAL No.: 92-0262956
Through the eyes of women : the sexual and psychological responses of
women to their partner's treatment with self-injection or external **vacuum**
therapy
1992

25/6/12 (Item 12 from file: 73)
05479096 EMBASE No: 1993247195
Treatment of **erectile dysfunction** by means of a **vacuum constrictor**
device
DIE BEHANDLUNG DER EREKTILEN DYSFUNKTION MITTELS VAKUUMSAUGPUMPEN (EHS)
1993

25/6/13 (Item 13 from file: 73)
05312632 EMBASE No: 1993080717
Advances in the **therapeutic** possibilities of **erectile dysfunction** by
external **vacuum erection** devices
ERWEITERUNG DES THERAPIESPEKTRUMS DER EREKTILEN DYSFUNKTION DURCH DAS
EREKTIONSHILFESYSTEM (EHS)
1993

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25/6/18 (Item 18 from file: 5)
0009329324 BIOSIS NO.: 199497350609
External **vacuum therapy** versus intracavernous autoinjection of vasoactive
drugs in anticoagulated patients with **erectile dysfunction**: A study of
safety
1994

25/6/19 (Item 19 from file: 73)
06194672 EMBASE No: 1995215447
Noninvasive **vacuum constriction** device in the management of **erectile
dysfunction**
1995

25/6/21 (Item 21 from file: 155)
11214343 PMID: 8521135
Management of **erectile dysfunction** after radical prostatectomy.
Aug 1995

25/6/24 (Item 24 from file: 5)
0009777007 BIOSIS NO.: 199598244840
Assessment and treatment of **impotence**
1995

25/6/25 (Item 25 from file: 144)
12809067 PASCAL No.: 97-0022736
Clinical guidelines panel on **erectile dysfunction** : Summary report of
the treatment of organic **erectile dysfunction**
1996

25/6/27 (Item 27 from file: 155)
11506390 PMID: 8819027
Epidemiology of current treatment for sexual **dysfunction** in spinal cord
injured men in the USA model spinal cord injury centers.
Jul 1996

25/6/31 (Item 31 from file: 5)
0010619510 BIOSIS NO.: 199699253570
The treatment of loss of **penile** rigidity associated with Peyronies disease
1996

25/6/33 (Item 33 from file: 155)
11923157 PMID: 9202565
Intracavernosal **drug** -induced **erection therapy** versus external **vacuum**
devices in the treatment of **erectile dysfunction** .
Jun 1997

25/6/34 (Item 34 from file: 155)
11768336 PMID: 9000193
Nonsurgical treatment of cavernosal venous leakage.

Jan 1997

25/6/37 (Item 37 from file: 5)
0011003314 BIOSIS NO.: 199799637374
Practical approach to the diabetic patients with **erectile dysfunction**
1997

RA
25/6/42 (Item 42 from file: 94)
04428980 JICST ACCESSION NUMBER: 99A0954022 FILE SEGMENT: JICST-E
Therapy in case of the invalidity of **Viagra** or the inapplicability of
Viagra. External **vacuum erection** device : effect and problem., 1999

25/6/43 (Item 43 from file: 5)
0012740856 BIOSIS NO.: 200000459169
Male **erectile dysfunction** : The old and the news
1999

25/6/44 (Item 44 from file: 5)
0012423692 BIOSIS NO.: 200000142005
Male **impotence**
1999

25/6/45 (Item 45 from file: 5)
0012258671 BIOSIS NO.: 199900518331
Erectile dysfunction
1999

25/6/46 (Item 46 from file: 73)
10835162 EMBASE No: 2000316604
Gangrene of the **penis** in a tetraplegic due to the use of **vacuum**
constriction device for **erection**
2000

25/6/47 (Item 47 from file: 73)
10628711 EMBASE No: 2000095381
Topical **therapy** in **erectile dysfunction**
TOPIISCHE **THERAPIE** BEI EREKTIONSSTORUNG
2000

25/6/48 (Item 48 from file: 155)
13140436 PMID: 11137499
Integrating **erectile dysfunction** treatment into primary care
practice.
Dec 18 2000

25/6/51 (Item 51 from file: 73)
11466169 EMBASE No: 2002037661

Serial 10/645869

March 1, 2005

Erectile dysfunction

DISFUNC(cedil)A(tilde)O ERETIL

2001

25/6/52 (Item 52 from file: 73)

11185649 EMBASE No: 2001200988

Vacuum constriction and external erection devices in erectile dysfunction
2001

25/6/53 (Item 53 from file: 155)

13903254 PMID: 11590817

Prevention and management of **erectile dysfunction** following radical
prostatectomy.
Aug 2001

25/6/55 (Item 55 from file: 5)

0013400543 BIOSIS NO.: 200100572382

Erectile dysfunction : Update and options in primary care
2001

25/6/57 (Item 57 from file: 5)

0013374121 BIOSIS NO.: 200100545960

Effect of incision and saphenous vein grafting for Peyronie's disease on
penile length and sexual satisfaction
2001

25/6/58 (Item 58 from file: 5)

0013206018 BIOSIS NO.: 200100377857

Erectile dysfunction
2001

25/6/59 (Item 59 from file: 5)

0013205657 BIOSIS NO.: 200100377496

The relationship of treatment choice and insurance coverage in **erectile**
dysfunction
2001

25/6/60 (Item 60 from file: 5)

0013205601 BIOSIS NO.: 200100377440

Unusual cases of high-flow priapism
2001

25/6/61 (Item 61 from file: 73)

11849192 EMBASE No: 2002422732

Current oral treatments for **erectile dysfunction**
01 NOV 2002

ASRC Searcher: Jeanne Horrigan
 Serial 10/645869
 March 1, 2005

LANGUAGE: ENGLISH

25/7/3 (Item 3 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
 (c) 2005 BIOSIS. All rts. reserv.

0006431752 BIOSIS NO.: 198937009501
VACUUM TUMESCENCE THE ROLE OF PAPAVERINE IN THE SELECTION OF PATIENTS
 AUTHOR: ALLEN G (Reprint); BRODERICK G A; MCCLURE R D
 AUTHOR ADDRESS: SAN FRANCISCO, CALIF, USA**USA
 JOURNAL: Journal of Urology 141 (4 PART 2): p275A 1989
 CONFERENCE/MEETING: AUA (AMERICAN UROLOGICAL ASSOCIATION) EIGHTY-FOURTH
 ANNUAL MEETING, DALLAS, TEXAS, USA, MAY 7-11, 1989. J UROL.
 ISSN: 0022-5347
 DOCUMENT TYPE: Meeting
 RECORD TYPE: Citation
 LANGUAGE: ENGLISH

25/7/4 (Item 4 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
 (c) 2005 BIOSIS. All rts. reserv.

0006954175 BIOSIS NO.: 199039007564
 A COMPARISON BETWEEN SELF-INJECTION **THERAPY** AND EXTERNAL **VACUUM PUMP**
DEVICES FOR THE TREATMENT OF IMPOTENCE
 AUTHOR: KURSH E D (Reprint); TURNER L; BODNER D R; RESNICK M I; ALTHOF S;
 LEVINE S B
 AUTHOR ADDRESS: CLEVELAND, OHIO, USA**USA
 JOURNAL: Journal of Urology 143 (4 SUPPL): p303A 1990
 CONFERENCE/MEETING: AMERICAN UROLOGICAL ASSOCIATION EIGHTY-FIFTH ANNUAL
 MEETING, NEW ORLEANS, LOUISIANA, USA, MAY 13-17, 1990. J UROL.
 ISSN: 0022-5347
 DOCUMENT TYPE: Meeting
 RECORD TYPE: Citation
 LANGUAGE: ENGLISH

25/7/7 (Item 7 from file: 155)
 DIALOG(R)File 155:MEDLINE(R)
 (c) format only 2005 The Dialog Corp. All rts. reserv.

09332456 PMID: 1988719
Vacuum tumescence devices: the role of papaverine in the selection of
 patients.
 Broderick G A; Allen G; McClure R D
 Department of Urology, University of California, School of Medicine, San
 Francisco 94143-0738.
 Journal of urology (UNITED STATES) Feb 1991, 145 (2) p284-6, ISSN
 0022-5347 Journal Code: 0376374
 Publishing Model Print
 Document type: Journal Article
 Languages: ENGLISH
 Main Citation Owner: NLM
 Record type: MEDLINE; Completed

We conducted a prospective study to determine the positive predictive value of papaverine testing to select patients in whom a **vacuum constriction** device would be a successful alternative to operative management of **impotence**. A total of 30 men presenting to an **impotence** clinic was evaluated with a series of papaverine dosages up to 60 mg. These patients then received a physician-administered trial of a **vacuum constriction** device, followed by 3 months of home use and a repeat objective evaluation. Initial responses to the device were poor, with 46% of the patients (14) achieving a rigid **erection**. However, after 3 months of home use 83% of the patients (25) achieved a rigid **erection**. The positive predictive value of a good response to the papaverine trial was 94%.

Record Date Created: 19910227

Record Date Completed: 19910227

25/7/9 (Item 9 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

05175362 EMBASE No: 1992315596

Vacuum therapy

VACUUM TERAPIA

Colombo F.; Cogni M.; Deiana G.; Mastromarino G.; Vecchio D.; Patelli E.; Austoni E.

Istituto di Urologia, Universita di Milano, Via Commenda 15, 20122 Milano Italy

Archivio Italiano di Urologia Nefrologia Andrologia (ARCH. ITAL. UROL. NEFROL. ANDROL.) (Italy) 1992, 64/3 (267-269)

CODEN: AIUAE ISSN: 1120-8538

DOCUMENT TYPE: Journal; Conference Paper

LANGUAGE: ITALIAN SUMMARY LANGUAGE: ITALIAN; ENGLISH

25/7/10 (Item 10 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

05082833 EMBASE No: 1992223049

Vacuum constriction devices: Second-line conservative treatment for **impotence**

Gilbert H.W.; Gingell J.C.

Department of Urology, Southmead Hospital, Bristol BS10 5NB United Kingdom

British Journal of Urology (BR. J. UROL.) (United Kingdom) 1992, 70/1 (81-83)

CODEN: BJURA ISSN: 0007-1331

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Intracavernosal **pharmacotherapy** is not a universally successful treatment of **impotence**. **Vacuum constriction** devices are reported to be an effective non-operative alternative. This study investigated the value of these devices in 45 **impotent** men who had failed to become established on intracavernosal papaverine. Although 38 were able to obtain an **erection**-like state using a **vacuum constriction** device, only 12 were able to enjoy satisfactory sexual intercourse and, of these, just 7 men found

them of sufficient benefit to warrant purchase. Success is not predicted by aetiology. **Vacuum constriction** devices are of some use, but a trial period of use should be allowed to each patient before purchase.

25/7/14 (Item 14 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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10291149 PMID: 8372414
[Treatment of **erectile dysfunction** with **vacuum pumps**]
Die Behandlung der erektilen Dysfunktion mittels Vakuumsaugpumpen (EHS).
Derouet H; Zehl U
Urologische Universitätsklinik und Poliklinik, Homburg/Saar.
Der Urologe. Ausg. A (GERMANY) Jul 1993, 32 (4) p312-5, ISSN
0340-2592 Journal Code: 1304110
Publishing Model Print
Document type: Journal Article ; English Abstract
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
A **Vacuum constrictor** device (VCD) was tested in 90 patients with organic **erectile** failure, some of whom had positive and some, negative responses to intracavernous self-injection of vasoactive **drugs**. Acceptance of the VCD overall was 37%. Among the 49 patients who did not respond to intracavernous injection of vasoactive **drugs**, acceptance was 45%, clearly higher than among the 41 responders to the injections, only 27% of whom accepted the VCD. Isolated subcutaneous hematomas were the only noteworthy complications observed with long-term **therapy** (up to 3 years). In cases of so-called venous leakage, the degree of venous outflow disturbance limited the use of the VCD, even in combination with self-injection **therapy**. The VCD is a successful alternative **therapeutic** option for the treatment of organic **erectile** failure, with a lower primary acceptance than corpus cavernosum self-injection **therapy**.
Record Date Created: 19931014
Record Date Completed: 19931014

25/7/15 (Item 15 from file: 73)
DIALOG(R) File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

05813310 EMBASE No: 1994218819
Vacuum constriction devices in **erectile dysfunction** : Acceptance and effectiveness in patients with **impotence** of organic or mixed aetiology
Vrijhof H.J.E.J.; Delaere K.P.J.
Department of Urology, De Wever Hospital, PO Box 4446, 6401 CX Heerlen Netherlands
British Journal of Urology (BR. J. UROL.) (United Kingdom) 1994, 74/1 (102-105)
CODEN: BJURA ISSN: 0007-1331
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
Objective: To investigate the value of **vacuum constriction** devices in

Two of the four patients who did not achieve a complete **erection** with the **VCD** stopped **pumping** the **VCD** because of **penile** pain, and the other two patients had a **penile**-brachial pressure index (PBPI) of under 0.65. It was suggested that patients with no severe vascular disease can show a good **erectile** response with the **VCD**.

Record Date Created: 19950424

Record Date Completed: 19950424

25/7/23 (Item 23 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0009899297 BIOSIS NO.: 199598367130

Non-invasive management of organic **impotence**

AUTHOR: Kaplan F J L (Reprint); Levitt N S; Stevens P J D'E; Phillips C

AUTHOR ADDRESS: Dep. Med., Univ. Cape Town, Cape Town, South Africa**South Africa

JOURNAL: SAMJ (South African Medical Journal) 85 (4): p276-278 1995 1995

ISSN: 0256-9574

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Objective: To establish the efficacy of a **vacuum** device (**Erecaid**) in the management of organic **impotence** . Design: Cohort study; questionnaire before and after a 6-month study period. Setting: Groote Schuur Hospital, Cape Town. Participants: A total of 19 men with organic **impotence** , 8 diabetic and 11 with previous pelvic surgery or radiotherapy Intervention: **Vacuum** device (**Erecaid** , Osbon Medical Systems). Outcome measure: Efficacy of **Erecaid** . Results: Six of 8 diabetics and 6 of 11 non-diabetics reported successful intercourse, while 16 of the participants would recommend the device to others. Some difficulty with the device was experienced by 11 and only 9 described an increase in self-esteem. Conclusion: Although some difficulties may be experienced in the use of the **Erecaid** , it clearly has a role to play in the management of patients with organic **impotence** , who ideally should be able to select their preferred form of **therapy**.

25/7/26 (Item 26 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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11666282 PMID: 8981174

The use of the **vacuum** **erection** device in the management of **erectile impotence** .

Earle C M; Seah M; Coulden S E; Stuckey B G; Keogh E J

Reproductive Medicine Research Institute, Queen Elizabeth II Medical Centre, Nedlands, Western Australia.

International journal of **impotence** research - official journal of the International Society for **Impotence** Research (ENGLAND) Dec 1996, 8 (4) p237-40, ISSN 0955-9930 Journal Code: 9007383

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

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25/7/30 (Item 30 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0010692992 BIOSIS NO.: 199799327052
Clinical guidelines panel on **erectile dysfunction** : Summary report on
the treatment of organic **erectile dysfunction**
AUTHOR: Montague Drogo K; Barada James H; Belker Arnold M; Levine Laurence
A; Nadig Perry W; Roehrborn Claus G; Sharlip Ira D; Bennett Alan H
JOURNAL: Journal of Urology 156 (6): p2007-2011 1996 1996
ISSN: 0022-5347
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Purpose: The American Urological Association convened the
Clinical Guidelines Panel on **Erectile Dysfunction** to analyze the
literature regarding available methods for treating organic **erectile
dysfunction** and to make practice recommendations based on the treatment
outcomes data. Materials and Methods: The panel searched the MEDLINE data
base for all articles from 1979 through 1994 on treatment of organic
erectile dysfunction and meta-analyzed outcomes data for oral **drug
therapy** (yohimbine), **vacuum constriction** devices, vasoactive **drug
injection therapy**, **penile** prosthesis implantation and venous and arterial
surgery. Results: Estimated probabilities of desirable outcomes are
relatively high for **vacuum constriction** devices, vasoactive **drug
injection therapy** and **penile** prosthesis **therapy**. However, patients must
be aware of potential complications. The outcomes data for yohimbine
clearly indicate a **therapy** with marginal efficacy. For venous and
arterial surgery, based on reported outcomes, chances of success do not
appear high enough to justify routine use of such surgery. Conclusions:
For the standard patient, defined as a man with acquired organic
erectile dysfunction and no evidence of hypogonadism or
hyperprolactinemia, the panel recommends 3 treatment alternatives:
vacuum constriction devices, vasoactive **drug injection therapy** and
penile prosthesis implantation. Based on the data to date, yohimbine does
not appear to be effective for organic **erectile dysfunction** and,
thus, it should not be recommended as treatment for the standard patient.
Venous surgery and arterial surgery in men with arteriosclerotic
disease are considered investigational and should be performed only in a
research setting with long-term follow-up available.

25/7/32 (Item 32 from file: 73)
DIALOG(R) File 73: EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

06876424 EMBASE No: 1997160754
**Comparison of effect on erection between vacuum constriction devices and
intra-cavernous injection of prostaglandin E1**
Pan C.-C.; Lin J.S.-N.; Wong W.S.
Prof. J.S.-N. Lin, Department of Urology, Natl. Cheng Kung University
Hospital, 138 Sheng Li Road, Tainan Taiwan
Asian Journal of Surgery (ASIAN J. SURG.) (Hong Kong) 1997, 20/2
(162-166)
CODEN: AJSUE ISSN: 1015-9584

DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 23

Thirty-three **impotent** men were tested with intra-cavernous injection (ICI) of prostaglandin E1 (PGE1) 20 mug and **vacuum constriction** devices (VCD) on an outpatient basis. Their ages ranged from 35 to 70 years (median, 51 years). We evaluated the effect of treatment objectively by **penile** volume increment and subjectively by patient's response. The **penile** volume was calculated before and after the tests via an integral formula: $V = (\text{Sinf } 1^{\text{sup } 2} + \text{Sinf } 1 \times \text{Sinf } 2 + \text{Sinf } 2^{\text{sup } 2}) \times L / 12\pi$ which was obtained by integral calculus. Sinf 1 and Sinf 2 represented the **penile** circumference at the coronal sulcus and the **penile** root, and L represented the length between these two points. In our result, the increments of **penile** volume after ICI of PGE1 seemed to be larger than those after VCD, 41.3 cmsup 3 vs 32.5 cmsup 3 on average with statistical significance ($p < 0.05$). Also, 24 of 33 (72.7%) patients subjectively had satisfactory responses to ICI treatment; but only 21 of 33 (63.6%) patients responded satisfactorily to the VCD test. This may indicate that ICI of PGE1 can provide a more positive effect than VCD in the treatment of **impotent** patients.

25/7/35 (Item 35 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0011157408 BIOSIS NO.: 199799791468
Diagnosis and **therapy** of **erectile dysfunction**
AUTHOR: Godschalk Michael F (Reprint); Sison Alfredo; Mulligan Thomas
AUTHOR ADDRESS: McGuire VA Med. Cent., 1201 Broad Rock Blvd., Richmond, VA 23249, USA**USA
JOURNAL: **Drugs of Today** 33 (7): p475-483 1997 1997
ISSN: 0025-7656
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Citation
LANGUAGE: English

25/7/36 (Item 36 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0011003383 BIOSIS NO.: 199799637443
Prostaglandin E1 or **vacuum tumescence** device: Retrospective study of acceptance and satisfaction in Singapore
AUTHOR: Vasan S S; Lim Peter H C
AUTHOR ADDRESS: Div. Urol., Dep. Surg., Toa Payoh Hosp., Singapore, Singapore**Singapore
JOURNAL: **International Journal of Andrology** 20 (SUPPL. 1): p104 1997 1997
CONFERENCE/MEETING: Vith International Congress of Andrology Salzburg, Austria May 25-29, 1997; 19970525
ISSN: 0105-6263
DOCUMENT TYPE: Meeting; Meeting Abstract; Meeting Poster
RECORD TYPE: Citation
LANGUAGE: English

25/7/38 (Item 38 from file: 73)
DIALOG(R) File 73:EMBASE
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07565288 EMBASE No: 1999060842
Erectile dysfunction: A review of current medical treatments
Coleman E.
Dr. E. Coleman, Program in Human Sexuality, 1300 S. 2nd St., Minneapolis,
MN 55454 United States
AUTHOR EMAIL: colem001@maroon.tc.umn.edu
Canadian Journal of Human Sexuality (CAN. J. HUM. SEX.) (Canada) 1998
, 7/3 (231-244)
CODEN: CJHSE ISSN: 1188-4517
DOCUMENT TYPE: Journal; Review
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH; FRENCH
NUMBER OF REFERENCES: 101

Erectile dysfunction (ED) affects large numbers of men, particularly those over the age of 40. As a result, health care providers who address ED in their work should be familiar with the range of treatment options available. This paper reviews the scientific literature on currently available medical treatments for ED: **penile** implants; vascular surgery; intracavernosal injections; **vacuum erection** devices; **penile** support sleeve; intraurethral suppositories; and oral/topical treatments. The effectiveness, advantages and disadvantages of each method are examined. It is recommended that health care providers and their patients with ED begin by exploring the least invasive treatments and consider the more invasive treatment options only if necessary.

25/7/40 (Item 40 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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12164786 PMID: 9469503
Correcting **impotence** in the male dialysis patient: experience with testosterone replacement and **vacuum tumescence therapy**.
Lawrence I G; Price D E; Howlett T A; Harris K P; Feehally J; Walls J
Department of Diabetes and Endocrinology, Leicester Royal Infirmary, United Kingdom.
American journal of kidney diseases - the official journal of the National Kidney Foundation (UNITED STATES) Feb 1998, 31 (2) p313-9, ISSN 0272-6386 Journal Code: 8110075
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Sexual **dysfunction** remains a common and often distressing problem in the male dialysis population. Traditionally its management has consisted of correction of anemia, optimization of dialysis, removal of implicated **medication**, and finally depot injections of a testosterone ester. At a dedicated renal **impotence** clinic, we studied the effectiveness of testosterone replacement in men with biochemically proven hypogonadism and

then **vacuum tumescence therapy** in those with continued **erectile dysfunction**. Depot testosterone was given to 27 patients (aged 52.4+/-2.5 years; duration of dialysis, 2.00+/-0.40 years; and duration of sexual **dysfunction**, 2.92+/-0.49 years): sexual function was fully restored in only three (11.1%), and two gradually lost the response over 18 months. Nineteen patients (70.3%) had partial responses, varying from an increased sense of well-being alone to restored sexual function apart from an impairment of the duration of **penile erection**. Five patients (18.5%) had no response, and testosterone was contraindicated in another four. Four of the treated patients (14.8%) reported fluid retention. **Vacuum tumescence** devices were then offered to 32 patients who remained **impotent** but declined by six. Twenty-six patients (aged 49.6+/-2.2 years; duration of dialysis, 2.50+/-0.58 years; and duration of sexual **dysfunction**, 3.26+/-0.56 years) used the devices, with 19 (73.1%) having full correction of their **erectile dysfunction**; six also continued with depot testosterone to maintain their libido. **Penile** discomfort was described by five patients (19.2%) whose potency was not restored. A further five predialysis patients have used the devices, and all had correction of their **erectile dysfunction**. The correction of biochemical hypogonadism in the male dialysis population with testosterone rarely restores sexual function to normal, whereas **vacuum tumescence therapy** corrects **penile erection dysfunction** in most patients.

Record Date Created: 19980226

Record Date Completed: 19980226

25/7/41 (Item 41 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0011763913 BIOSIS NO.: 199900023573
Evaluation and nonsurgical management of **erectile dysfunction**
AUTHOR: Sharlip Ira D (Reprint)
AUTHOR ADDRESS: c/o Pan Pacific Urol., 2100 Webster Street, No. 222, San Francisco, CA 94115, USA**USA
JOURNAL: Urologic Clinics of North America 25 (4): p647-659 Nov., 1998
1998
MEDIUM: print
ISSN: 0094-0143
DOCUMENT TYPE: Article; Literature Review
RECORD TYPE: Citation
LANGUAGE: English

25/7/49 (Item 49 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0012824665 BIOSIS NO.: 200000542978
Relative efficacy of **sildenafil** compared to other treatment options for **erectile dysfunction**
AUTHOR: Gauthier Anthony; Rutchik Scott D (Reprint); Winters J Christian; Fuselier Harold A; Woo Howard; Prats Lester J; Bardot Stephen
AUTHOR ADDRESS: Department of Urology, Louisiana State University School of Medicine, 1542 Tulane Ave, New Orleans, LA, 70112, USA**USA
JOURNAL: Southern Medical Journal 93 (10): p962-965 October, 2000 2000

MEDIUM: print
ISSN: 0038-4348
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Objective: We examined and compared the efficacy of **sildenafil** in patients previously using other agents or devices for **erectile dysfunction** (ED) treatment. Methods: We identified 47 patients with organic ED who had tried other **therapies** (intracavernosal injection **therapy** (ICIT), intraurethral prostaglandin suppositories (IPS), **vacuum erection** devices (VEDs), or yohimbine) before using **sildenafil**. Comparisons of the efficacy of **sildenafil** to the previously used agent or device were assessed by telephone questionnaire. Responses were compared using nonparametric Wilcoxon rank sum and analysis of variance testing. Results: **Sildenafil therapy** was no more effective than ICIT or VEDs but was more effective than IPS. No significant difference occurred in response to **sildenafil** with age. Of 22 patients achieving **erections** adequate for intercourse with their previous **therapy**, 14 (63%) achieved equal or improved **erections** with **sildenafil**. Of the remaining 18 patients who had **erections** inadequate for intercourse with previous **therapy**, 5 (27%) had adequate **erections** with **sildenafil**. Conclusions: Oral **sildenafil therapy** provides results comparable to those of other available ED treatment modalities. A trial of this **drug** in this patient population is warranted.

25/7/50 (Item 50 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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12787734 PMID: 10718821

Non-surgical management of **erectile dysfunction**.
Levy A; Crowley T; Gingell C
University Research Centre for Neuroendocrinology, Bristol Royal
Infirmary Division of Medicine, Southmead Hospital, Bristol, UK.
a.levy@bris.ac.uk
Clinical endocrinology (ENGLAND) Mar 2000, 52 (3) p253-60, ISSN
0300-0664 Journal Code: 0346653
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

Erectile dysfunction is a common and distressing medical condition that is now highly amenable to treatment almost irrespective of the cause. Safe, non-surgical treatments with unequivocal efficacy are psychological **therapy**, intracorporeal injection of vasoactive **drugs**, transurethral **vasodilators** and oral **sildenafil**, all of which have been reported to have a 50-70% overall response rate. **Vacuum constriction** devices are acceptable for some, usually older patients and oral yohimbine is thought to have marginal efficacy. Local creams to induce or enhance **erectile function** are currently being investigated. There is no place for androgen supplementation unless the patient is profoundly hypogonadal. Treatment of hyperprolactinaemia is very effective but is a rare cause of **erectile dysfunction**. As intercourse may entail an unfamiliar level of physical

Record Date Completed: 20010809

25/7/56 (Item 56 from file: 5)
DIALOG(R) File 5: Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0013374122 BIOSIS NO.: 200100545961

Sildenafil versus the **vacuum erection** device: Patient preference

AUTHOR: Chen Juza (Reprint); Mabjeesh Nicola J (Reprint); Greenstein
Alexander (Reprint)

AUTHOR ADDRESS: Department of Urology, Sackler Faculty of Medicine, Tel
Aviv Sourasky Medical Center, Tel Aviv University, Tel Aviv, Israel**
Israel

JOURNAL: Journal of Urology 166 (5): p1779-1781 November, 2001 2001

MEDIUM: print

ISSN: 0022-5347

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Purpose: We evaluated the preference of patients with **erectile dysfunction** who had been effectively treated with a **vacuum erection** device and then switched to **sildenafil**. Materials and Methods: A total of 52 patients with **erectile dysfunction** who achieved satisfactory **erectile** function according to the International Index of **Erectile** Function (IIEF) while using a **vacuum erection** device were switched to an increasing dose of **sildenafil** (range 25 to 100 mg.) until satisfactory **erection** was maintained at least twice a week for at least 1 month. The 2 treatment methods were not used concomitantly. A total of 36 patients with a mean age of 59 years (range 35 to 77) who claimed to have achieved satisfactory **erections** with a **vacuum erection** device and **sildenafil** reported their preference to continue **sildenafil** or resume the use of a **vacuum erection** device, reasons for the choice and any adverse side effects. Results: Of the 36 participants in whom the efficacy of **sildenafil** was similar to that of a **vacuum erection** device according to the IIEF scores (mean plus or minus standard deviation 61.6+-10.4 and 62.5+-6, respectively), 12 (33.3%) decided to resume use of a **vacuum erection** device (group 1) while 24 (66.6%) preferred to continue **sildenafil** (group 2). There were no statistically significant differences between the groups regarding patient age or the etiology and duration of **erectile dysfunction**. The increase in the IIEF score while using a **vacuum erection** device was higher in group 1 than 2, with a mean of 66.75 versus 60.4, respectively (p=0.002). The adverse side effects of **sildenafil** were the main reasons for preferring a **vacuum erection** device. Fewer ejaculatory difficulties, efficacy, comfort and ease of use were the main reasons for choosing **sildenafil**. Conclusions: Even in an era of effective oral **medication**, the **vacuum erection** device remains a preferred treatment option for a substantial number of patients with **erectile dysfunction**.

25/7/62 (Item 62 from file: 73)
DIALOG(R) File 73: EMBASE
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11715720 EMBASE No: 2002288535

Management of **erectile dysfunction**: Defining the role of **sildenafil**

Lyseng-Williamson K.A.; Wagstaff A.J.

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Disease Management and Health Outcomes (DIS. MANAGE. HEALTH OUTCOMES) (New Zealand) 2002, 10/7 (431-452)

CODEN: DMHOF ISSN: 1173-8790

DOCUMENT TYPE: Journal ; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 171



Erectile dysfunction (ED) affects many men and, as the elderly population grows, the incidence of ED and demand for treatment will increase. Many organic and/or psychogenic factors cause or worsen ED. For healthcare providers and insurers, the treatment of ED involves direct medical costs (e.g. **drug** costs and physician visits). Indirectly, the effects of ED on the overall health and mental status of the patient may affect medical and societal costs. Management of ED should include alteration of modifiable risk factors (e.g. lifestyle and psychosocial factors); however, these modifications are frequently insufficient to completely reverse ED. Oral **sildenafil** 25 to 100mg is considered first-line direct **therapy** for ED and is effective in (congruent) 70% of men with ED. A selective phosphodiesterase type 5 (**PDE5 inhibitor**, **sildenafil** improves the ability to attain and maintain **erections** and increases the rate of successful sexual intercourse in men with ED regardless of their age, presence of other medical conditions and concomitant antihypertensive or antidepressant **medications**. **Sildenafil** treatment may be initiated by primary care physicians instead of by specialists, which decreases costs to healthcare payors. **Sildenafil** treatment significantly improves quality-of-life related to sexual function and general well being; potential healthcare savings may result as these effects trickle down. Commonly reported adverse events are predominantly transient, mild and dose-related and include headache, flushing, dyspepsia, nasal congestion and abnormal vision. Concurrent administration of **sildenafil** and organic nitrates is contraindicated because marked hypotension may occur. Sublingual **apomorphine** (not currently available in the US) and vardenafil and tadalafil (**PDE5 inhibitors** in late stages of development) are other potential oral treatments for ED. Second-line pharmacological **therapies** include intracavernosal injections (**alprostadil**, papaverine, phentolamine and combinations of these agents) and intraurethral **alprostadil**. Non-pharmacological treatments include **vacuum constrictor** devices and, rarely, vascular surgery or **penile** implants. In economic models, **sildenafil** is cost effective compared with no treatment or papaverine/phentolamine injections. The cost-effectiveness of **sildenafil** compares favorably with that of accepted **therapies** for other medical conditions. Overall healthcare costs for health plan organizations did not increase significantly with the addition of **sildenafil** coverage. Seeking medical attention for ED may contribute to the early detection of serious concomitant conditions and result in long-term reductions in healthcare costs. In conclusion, **sildenafil** is an effective oral **therapy** for men with ED of various etiologies. Its efficacy in improving **erectile** function, ease-of-use and good tolerability profile make **sildenafil** first-line treatment for men with ED who do not have contraindications to its use.

36/6/1 (Item 1 from file: 73)
04871319 EMBASE No: 1992011534
The physiology of **penile erection**
1991

36/6/3 (Item 3 from file: 155)
09545098 PMID: 1926639
Impotence after radical pelvic surgery: physiology and management.
1991

36/6/4 (Item 4 from file: 155)
09536950 PMID: 1920469
Psychological treatment of **erectile dysfunction** in men without
partners: outcome results and a new direction.
Summer 1991

36/6/9 (Item 9 from file: 34)
04852136 Genuine Article#: UM379 Number of References: 75
Title: MALE SEXUAL **DYSFUNCTION** (Abstract Available)

36/6/10 (Item 10 from file: 155)
11601507 PMID: 8911378
Clinical guidelines panel on **erectile dysfunction** : summary report on
the treatment of organic **erectile dysfunction** . The American Urological
Association.
Dec 1996

36/6/11 (Item 11 from file: 155)
11598613 PMID: 8908682
The treatment of loss of **penile** rigidity associated with Peyronie's
disease.
1996

36/6/16 (Item 16 from file: 73)
07302452 EMBASE No: 1998215362
Current treatment and future perspectives for **erectile dysfunction**
1998

36/6/17 (Item 17 from file: 73)
07293968 EMBASE No: 1998206086
Psychological aspects at the interface of diabetes and **erectile dysfunction**
1998

36/6/21 (Item 21 from file: 73)
10994054 EMBASE No: 2001038521
The medicalization of male sexual **dysfunctions**: An analysis of sex
therapy journals

Serial 10/645869

March 1, 2005

2000

36/6/22 (Item 22 from file: 5)
0013088938 BIOSIS NO.: 200100260777
Integrating **erectile dysfunction** treatment into primary care practice
2000

36/6/25 (Item 25 from file: 155)
14276217 PMID: 12084237
Management of **erectile dysfunction** following radical prostatectomy.
Dec 2001

36/6/27 (Item 27 from file: 73)
11666246 EMBASE No: 2002238358
Oral **pharmacotherapy** to manage **erectile dysfunction** in spinal
cord-injured men
2002

36/7/2 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.

09612227 PMID: 1755139
Vacuum constriction devices and the clinical urologist: an informed
selection.
Salvatore F T; Sharman G M; Hellstrom W J
Department of Urology, Tulane University Medical Center, New Orleans,
Louisiana.
Urology (UNITED STATES) Oct 1991, 38 (4) p323-7, ISSN 0090-4295
Journal Code: 0366151
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
The U.S. Food and **Drug** Administration (FDA) lists **vacuum
constriction** devices (**VCD**) as safe, nonsurgical **therapy** for **erectile
dysfunction**. Our study compared the responses of 30 male (10 novice and
20 regular) **VCD** users of seven commercially available systems (Mentor
Response, Mentor-Touch, Mentor-Piston, Dacomed Catalyst, Mission **VED**, Osbon
Erecaid, and Pos-T-Vac). Variables evaluated included simplicity of
instruction, ease of use, cost, instructional value of videotape, company
follow-up, presence of a pressure-limitation gauge, and length of warranty.
The results from our study show (1) 100 percent reported an additional cost
to be of minor importance in determining choice of device, (2) 80 percent
of novice and 95 percent of regular users stated the instructional
videotape was essential, (3) 95 percent of the participants desired a
twenty-four-hour hot-line, (4) 40 percent of novice users but only 25
percent of regular users wanted personalized company follow-up, (5) 100
percent of novice users preferred single-handed devices, while regulars
showed no preference. (6) Regular users scored Mentor Response, Osbon
Erecaid, and Mentor-Piston highest regarding ease of use. While the **vacuum
constriction** devices are conceptually similar, there are subtle operational

Serial 10/645869

March 1, 2005

distinctions between the different brands. The clinical urologist should be aware of these nuances.

Record Date Created: 19920130

Record Date Completed: 19920130

36/7/5 (Item 5 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10258684 PMID: 8348217

Erectile dysfunction in men under 40: etiology and treatment choice.

Donatucci C F; Lue T F

Department of Urology, University of California School of Medicine, San Francisco 94143-07387.

International journal of **impotence** research - official journal of the International Society for **Impotence** Research (ENGLAND) Jun 1993, 5 (2) p97-103, ISSN 0955-9930 Journal Code: 9007383

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

We undertook a retrospective review of 100 **impotent** men under age 40 to determine the underlying etiologic factors in the group and to evaluate the role of surgery in their care. Although patients ranged in age from 18 to 40 (mean--32.2 years), the number of patients increased steadily with advancing years. The majority of patients (72) had vasculogenic **impotence** (arteriogenic--15, venogenic--46, mixed--11), followed by psychogenic (13), neurogenic (12) and other causes (4). The differential diagnosis did not correlate with age. Contributing factors were present in 76%, trauma and substance abuse being most common. Essentially equal numbers of patients were treated surgically (40) and with intracavernous injection of vasoactive agents (39). Considerably fewer had a **vacuum constriction** device (5), oral **medication** (5), **psychotherapy** (4), other **therapy** (4), and none (3). The majority of patients referred to our tertiary urologic practice for treatment of vasculogenic **impotence** were sent by other urologists. Although the referral source did not appear to influence the choice of treatment, it probably has accounted for the preponderance of vasculogenic **impotence** in this series.

Record Date Created: 19930914

Record Date Completed: 19930914

36/7/6 (Item 6 from file: 5)

DIALOG(R) File 5:Biosis Previews(R)

(c) 2005 BIOSIS. All rts. reserv.

0008953367 BIOSIS NO.: 199396117783

Treatment of **erectile dysfunction** by means of a **vacuum constrictor** device

AUTHOR: Derouet H (Reprint); Zehl U

AUTHOR ADDRESS: Urologische Universitätsklinik Poliklinik, W-6650

Homburg/Saar,


JOURNAL: Urologe Ausgabe A 32 (4): p312-315 1993

ISSN: 0340-2592

DOCUMENT TYPE: Article

RECORD TYPE: Abstract
LANGUAGE: German

ABSTRACT: A **vacuum constrictor** device (VCD) was tested in 90 patients with organic **erectile** failure, some of whom had positive and some, negative responses to intracavernous self-injection of vasoactive **drugs**. Acceptance of the VCD overall was 37%. Among the 49 patients who did not respond to intracavernous injection of vasoactive **drugs**, acceptance was 45%, clearly higher than among the 41 responders to the injections, only 27% of whom accepted the VCD. Isolated subcutaneous hematomas were the only noteworthy complications observed with long-term **therapy** (up to 3 years). In cases of so-called venous leakage, the degree of venous outflow disturbance limited the use of the VCD, even in combination with self-injection **therapy**. The VCD is a successful alternative **therapeutic** option for the treatment of organic **erectile** failure, with a lower primary acceptance than corpus cavernosum self-injection **therapy**.



36/7/7 (Item 7 from file: 73)
DIALOG(R)File 73:EMBASE
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05620684 EMBASE No: 1994023662
Practical management of **erectile dysfunction**
Armstrong D.K.B.; Dinsmore W.W.
Department of Genitourinary Medicine, Royal Victoria Hospital, Belfast
BT12 6BA United Kingdom
Journal of the European Academy of Dermatology and Venereology (J. EUR.
ACAD. DERMATOL. VENEREOL.) (Netherlands) 1994, 3/1 (87-93)
CODEN: JEAVE ISSN: 0926-9959
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Intracavernous **pharmacotherapy** has become the mainstay of medical treatment of **erectile** failure in our genitourinary clinic. Papaverine and phentolamine are used in combination as the first line agent and prostaglandin Einf 1 (PGEinf 1) is being used for non-responders or those patients where papaverine plus phentolamine is inappropriate. **Therapy** is effective in producing **erections** sufficient for sexual intercourse in approximately 70-80% of cases. Priapism and corporeal fibrosis represent the most important side effects. Patient education regarding injection technique and **drug** usage is vital with regular clinic visits to detect development of fibrotic complications and for continued patient support. Trained medical staff must be available should priapism develop. Those patients who fail to respond to intracavernous **pharmacotherapy** are offered a **vacuum constriction** device. Selected patients may be referred to Urology for further management of **erectile** failure or to specialist counselling services for psychosexual **therapy**.

36/7/8 (Item 8 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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10746815 PMID: 7951700
An investigation into the management of patients with **erection** problems

in general practice.

Broekman C P; van der Werff ten Bosch J J; Slob A K
Department of Endocrinology and Reproduction, Faculty of Medicine and Health Sciences, Erasmus University, Rotterdam, The Netherlands.

International journal of **impotence** research - official journal of the International Society for **Impotence** Research (ENGLAND) Jun 1994, 6 (2) p67-72, ISSN 0955-9930 Journal Code: 9007383

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

In a study on the diagnosis and treatment of **erectile dysfunction** (ED) in general practice, a self-selected sample of 90 general practitioners (GPs) (76 males, 14 females) from a predominantly urban population of 525 GPs were interviewed. It appeared that 59% would not actively interrogate a patient when an **erection** problem was suspected, either because of lack of time or lack of competence. A specific strategy for the management of **erection** problems was reported by 60% of the GPs. In practice, most GPs treated their own patients. About 60% of the GPs tried to keep up to date through reading and postgraduate courses. Impediments acknowledged in the interaction with patients were the experience of lack of knowledge and skills (63%) and emotional inhibitions to detailed questioning (49%). None of the GPs in this study had as yet utilized more recent treatment methods such as intracavernous **drug** injections and **vacuum constriction** devices. It is recommended that in postgraduate training courses GPs receive practical training in proper history taking and in the application of modern treatment methods.

Record Date Created: 19941219

Record Date Completed: 19941219

36/7/12 (Item 12 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11374816 PMID: 8779203

New developments in the diagnosis and treatment of **impotence**.

De Palma R G

Department of Surgery, University of Nevada School of Medicine, Reno 89520, USA.

Western journal of medicine (UNITED STATES) Jan 1996, 164 (1) p54-61, ISSN 0093-0415 Journal Code: 0410504

Publishing Model Print

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

New developments in the diagnosis and treatment of **impotence** or **erectile dysfunction** are increasingly based on better understanding of the **erectile** process. In 1978 it was thought that the failure of arterial inflow was the main cause of male **erectile dysfunction**. Emphasis was placed on methods of corpus cavernosal revascularization. In recent years, interest has shifted to abnormal cavernosal smooth muscle function. An understanding of the **erectile** process was greatly enhanced by intracavernosal administration of vasoactive agents in 1982 and, more recently, the use of prostaglandin E1.

patients with mild CVL, 29 of 54 patients with moderate CVL, and in 2 of 17 patients with severe CVL. With a VCD, a response sufficient for satisfactory intercourse was achieved in 23 of 30 patients with mild CVL, 24 of 40 patients with moderate CVL, and in 10 of 15 patient,, with severe CVL. Conclusions. CVL of mild to moderate severity can be treated with polyagent **pharmacotherapy** and VCDs with reasonable expectations of success. Severe CVL responds poorly to polyagent **pharmacotherapy** but can be treated with VCDs with reasonable results in motivated, adequately instructed patients.

36/7/18 (Item 18 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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12347779 PMID: 9658976
[**Impotence**: evaluation and treatment in general practice--what is reliable?]
Impotenz: Abklärung und Behandlung beim Hausarzt--was ist sinnvoll?
Suter S
Urologische Klinik, Universitätsspital Zurich.
Therapeutische Umschau. Revue **therapeutique** (SWITZERLAND) Jun 1998, 55
(6) p357-60, ISSN 0040-5930 Journal Code: 0407224
Publishing Model Print
Document type: Journal Article; Review; Review, Tutorial ; English
Abstract
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Erectile dysfunction has an incidence of 2-9% and it is seen often in general practice. But the more recent treatment methods such as intracavernous **drug** injections and **vacuum constriction** devices are not known by general practitioners and normally used **drug** treatment has no efficacy. The management of **impotence** of the general practitioner should concentrate upon internistic conditions like diabetes, hypertension, hypercholesteremia and different **drugs** causing **impotence**. The symptomatic treatment of **erectile dysfunction** has to be done by a specialist, who is able to offer all **therapeutic** options. (8 Refs.)
Record Date Created: 19980902
Record Date Completed: 19980902

36/7/19 (Item 19 from file: 94)
DIALOG(R) File 94:JICST-EPlus
(c)2005 Japan Science and Tech Corp(JST). All rts. reserv.

04248830 JICST ACCESSION NUMBER: 99A0550378 FILE SEGMENT: JICST-E
Erectile dysfunction in the age of **Viagra**. Newly-married couple and ED.
TAKIMOTO SHITOKU (1)
(1) Nihon Univ., Surugadai Hosp.
Rinsho to Kenkyu(Japanese Journal of Clinical and Experimental Medicine),
1999, VOL.76,NO.5, PAGE.922-925, TBL.6, REF.12
JOURNAL NUMBER: Z0376BAY ISSN NO: 0021-4965
UNIVERSAL DECIMAL CLASSIFICATION: 616.61/.69 591.16.05
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
DOCUMENT TYPE: Journal

ARTICLE TYPE: Review article

MEDIA TYPE: Printed Publication

ABSTRACT: **Impotence** (I) caused to a newly-married couple indicates the state in which the couple failed in initial coitus after marriage and was not able to have sex in spite of making repeated efforts. This is a kind of functional disorder. An investigation was carried out on 17 patients (male) who recently consulted a doctor due to (I). The age of the patients who got married is 32.0 years old on the average, while that of their wives, 29.6 years old, which is higher than the average marriage age (28.4) in Japan. Disorder history until they had a medical examination is 24.4 months on the average, shorter than that in previous investigation (1993). Of them, those who had never had sexual intercourse is 58.8%, and 10 cases got married by arrangement. Persuasion, behavior **therapy**, administration of **drugs**, **VCD**, etc. were carried out for treatment, and the exits are composed of uncertainty (52.9%), favorable results (35.3%) and divorce (11.8%).

36/7/20 (Item 20 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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13309637 PMID: 10083818
[**Erectile dysfunction**. An update]
Erektiv dysfunktion. En opdatering.
Wagner G; Saenz de Tejada I
Kobenhavns Universitet, Panum Instituttet.
Ugeskrift for laeger (DENMARK) Mar 1 1999, 161 (9) p1243-8, ISSN
0041-5782 Journal Code: 0141730
Publishing Model Print
Document type: Journal Article ; English Abstract
Languages: DANISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Although around 10% of men aged 40 to 70 years have complete **erectile dysfunction**, only a few seek medical help. As **erectile dysfunction** is frequently associated with a number of systemic illnesses and surgical treatments, a wide range of doctors should be aware of the condition in their patients. Current effective treatments include psychosexual counselling, **vacuum erection** devices, intracavernosal and transurethral **drug** delivery, and **penile** prostheses. Promising oral treatments are currently being investigated. Both doctors and the public need to be better informed about **erectile dysfunction** and its treatment.
Record Date Created: 19990330
Record Date Completed: 19990330

36/7/24 (Item 24 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.

14593677 PMID: 12805662
New biochemical pathway may control **erection**.
Mills T M
Department of Physiology, Medical College of Georgia, Augusta 30912-3000,
USA. tmills@mail.mcg.edu

TheScientificWorldJournal electronic resource (United States) May 1
2001, 1 p184-5, ISSN 1537-744X Journal Code: 101131163

Publishing Model Print-Electronic

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Thirty million men in the U.S. suffer from **erectile dysfunction** (ED) defined by their inability to achieve or maintain a **penile erection** sufficient for intercourse. An unestimated number of women also suffer from sexual **dysfunction** resulting from many of the same causes that lead to ED in men. There are a variety of treatments available for ED including intracavernosal injection, transurethral **therapy**, surgery, **vacuum therapy**, and oral **medication**. Unfortunately, not all patients benefit from these currently available forms of **therapy**, and side effects are not uncommon. **Sildenafil (Viagra)** has been a highly successful **drug** for the treatment of ED but it does not work in all men. Some may experience a variety of side effects, and **Viagra** is contraindicated to some cardiac **medications**. These problems point to the need for new and different approaches to the treatment of sexual problems. (8 Refs.)

Record Date Created: 20030613

Record Date Completed: 20040226

Date of Electronic Publication: 20010501

36/7/26 (Item 26 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

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13898907 PMID: 11586223

Sildenafil versus the **vacuum erection** device: patient preference.

Chen J; Mabjeesh N J; Greenstein A

Department of Urology, Tel Aviv Sourasky Medical Center, Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel.

Journal of urology (United States) Nov 2001, 166 (5) p1779-81,
ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: We evaluated the preference of patients with **erectile dysfunction** who had been effectively treated with a **vacuum erection** device and then switched to **sildenafil**. MATERIALS AND METHODS: A total of 52 patients with **erectile dysfunction** who achieved satisfactory **erectile** function according to the International Index of **Erectile Function** (IIEF) while using a **vacuum erection** device were switched to an increasing dose of **sildenafil** (range 25 to 100 mg.) until satisfactory **erection** was maintained at least twice a week for at least 1 month. The 2 treatment methods were not used concomitantly. A total of 36 patients with a mean age of 59 years (range 35 to 77) who claimed to have achieved satisfactory **erections** with a **vacuum erection** device and **sildenafil** reported their preference to continue **sildenafil** or resume the use of a **vacuum erection** device, reasons for the choice and any adverse side effects. RESULTS: Of the 36 participants in whom the efficacy of **sildenafil** was similar to that of a **vacuum erection** device according to the IIEF scores (mean plus or minus standard deviation

61.6 +/- 10.4 and 62.5 +/- 6, respectively), 12 (33.3%) decided to resume use of a **vacuum erection** device (group 1) while 24 (66.6%) preferred to continue **sildenafil** (group 2). There were no statistically significant differences between the groups regarding patient age or the etiology and duration of **erectile dysfunction**. The increase in the IIEF score while using a **vacuum erection** device was higher in group 1 than 2, with a mean of 66.75 versus 60.4, respectively ($p = 0.002$). The adverse side effects of **sildenafil** were the main reasons for preferring a **vacuum erection** device. Fewer ejaculatory difficulties, efficacy, comfort and ease of use were the main reasons for choosing **sildenafil**. CONCLUSIONS: Even in an era of effective oral **medication**, the **vacuum erection** device remains a preferred treatment option for a substantial number of patients with **erectile dysfunction**.

Record Date Created: 20011004

Record Date Completed: 20011101

36/7/28 (Item 28 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2005 Inst for Sci Info. All rts. reserv.

10924737 Genuine Article#: 585BG Number of References: 171
Title: Management of **erectile dysfunction** - Defining the role of **sildenafil**

Author(s): Lyseng-Williamson KA (REPRINT) ; Wagstaff AJ

Corporate Source: Adis Int Ltd, 41 Centorian Dr, Private Bag 65901, Mairangi Bay/Auckland 10//New Zealand/ (REPRINT); Adis Int Ltd, Auckland 10//New Zealand/

Journal: DISEASE MANAGEMENT & HEALTH OUTCOMES, 2002, V10, N7, P431-452

ISSN: 1173-8790 Publication date: 20020000

Publisher: ADIS INTERNATIONAL LTD, 41 CENTORIAN DR, PRIVATE BAG 65901, MAIRANGI BAY, AUCKLAND 10, NEW ZEALAND

Language: English Document Type: REVIEW

Abstract: **Erectile dysfunction** (ED) affects many men and, as the elderly population grows, the incidence of ED and demand for treatment will increase. Many organic and/or psychogenic factors cause or worsen ED. For healthcare providers and insurers, the treatment of ED involves direct medical costs (e.g. **drug** costs and physician visits). Indirectly, the effects of ED on the overall health and mental status of the patient may affect medical and societal costs.

Management of ED should include alteration of modifiable risk factors (e.g. lifestyle and psychosocial factors); however, these modifications are frequently insufficient to completely reverse ED. Oral **sildenafil** 25 to 100mg is considered first-line direct **therapy** for ED and is effective in approximate to 70% of men with ED. A selective phosphodiesterase type 5 (PDE5) **inhibitor**, **sildenafil** improves the ability to attain and maintain **erections** and increases the rate of successful sexual intercourse in men with ED regardless of their age, presence of other medical conditions and concomitant antihypertensive or antidepressant **medications**. **Sildenafil** treatment may be initiated by primary care physicians instead of by specialists, which decreases costs to healthcare payors. **Sildenafil** treatment significantly improves quality-of-life related to sexual function and general well being; potential healthcare savings may result as these effects trickle down.

Commonly reported adverse events are predominantly transient, mild and dose-related and include headache, flushing, dyspepsia, nasal congestion and abnormal vision. Concurrent administration of **sildenafil** and organic nitrates is contraindicated because marked hypotension may occur.

Sublingual **apomorphine** (not currently available in the US) and vardenafil and tadalafil (**PDE5 inhibitors** in late stages of development) are other potential oral treatments for ED. Second-line pharmacological **therapies** include intracavernosal injections (**alprostadil**, papaverine, phentolamine and combinations of these agents) and intraurethral **alprostadil**. Non-pharmacological treatments include **vacuum constrictor** devices and, rarely, vascular surgery or **penile** implants.

In economic models, **sildenafil** is cost effective compared with no treatment or papaverine/phentolamine injections. The cost-effectiveness of **sildenafil** compares favorably with that of accepted **therapies** for other medical conditions. Overall healthcare costs for health plan organizations did not increase significantly with the addition of **sildenafil** coverage. Seeking medical attention for ED may contribute to the early detection of serious concomitant conditions and result in long-term reductions in healthcare costs.

In conclusion, **sildenafil** is an effective oral **therapy** for men with ED of various etiologies. Its efficacy in improving **erectile** function, ease-of-use and good tolerability profile make **sildenafil** first-line treatment for men with ED who do not have contraindications to its use.

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(c) 1999 The Gale Group
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File 636:Gale Group Newsletter DB(TM) 1987-2005/Feb 28
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File 441:ESPICOM Pharm&Med DEVICE NEWS 2005/Feb W1
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Set	Items	Description
S1	13266	VACUUM() (ERECTION OR ERECTILE OR ERECTAL OR TUMESCEN?? OR - CONSTRICT? OR THERAP? OR PUMP? ?) OR VED OR VCD OR ERECAID OR POST()T()VAC
S2	21292	(PDE()5 OR PDE5)()INHIBITOR? ? OR VASODILATOR? ? OR SILDEN- AFIL()CITRATE OR ALPROSTADIL OR APOMORPHINE OR VIAGRA
S3	256628	MEDICATION?
S4	2000154	DRUG? ?
S5	1852091	PHARMACEUTICAL? ?
S6	5770	PHARMACOTHERAP?
S7	10622	(ERECTION OR ERECTAL OR ERECTION)() (DYSFUNCTION??? OR DISF- UNCTION??? OR ENHANCEMENT? ?) OR (PENIS OR PENILE) (2N)ATHEROS- CLEROSIS
S8	13534	IMPOTENT OR IMPOTENCE
S9	52	S1(10N)S2:S3
S10	90299	1(10N)S4
S11	50	S1(10N)S5:S6
S12	270	S1(S)S4
S13	54	(S9 OR S11 OR S12) (S)S7:S8
S14	40	RD (unique items)
S15	1	S14/2004:2005
S16	0	S15/2003
S17	39	S14 NOT S15
S18	39	Sort S17/ALL/PD,A

18/8/4 (Item 4 from file: 636)
DIALOG(R)File 636:(c) 2005 The Gale Group. All rts. reserv.

02502832 Supplier Number: 45029155 (USE FORMAT 7 FOR FULLTEXT)
Urologists Seeking Lost Patients to Increase Revenues
Oct, 1994
Word Count: 2140
PUBLISHER NAME: American Health Consultants, Inc.
INDUSTRY NAMES: BUSN (Any type of business); DRUG (Pharmaceuticals and
Cosmetics)

18/8/7 (Item 7 from file: 149)
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01565195 SUPPLIER NUMBER: 18203489
Injection **therapy** for **erectile dysfunction**. (Editorial)
1996

DESCRIPTORS: Synthetic prostaglandins E--**Therapeutic use**; **Impotence--Drug therapy**
FILE SEGMENT: MI File 47

18/8/14 (Item 14 from file: 16)
DIALOG(R) File 16:(c) 2005 The Gale Group. All rts. reserv.

05066298 Supplier Number: 47437403 (USE FORMAT 7 FOR FULLTEXT)
Oral **Impotence Therapy** Effective In Phase III Trial
June 2, 1997
Word Count: 902
PUBLISHER NAME: Marketletter Publications Ltd.
COMPANY NAMES: *Zonagen Inc.
EVENT NAMES: *330 (Product information)
GEOGRAPHIC NAMES: *1USA (United States)
PRODUCT NAMES: *2834590 (Genito-Urinary Preps NEC)
INDUSTRY NAMES: INTL (Business, International)
NAICS CODES: 325412 (**Pharmaceutical** Preparation Manufacturing)
TICKER SYMBOLS: ZONA
SPECIAL FEATURES: COMPANY

18/8/15 (Item 15 from file: 149)
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01738506 SUPPLIER NUMBER: 19979962 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Rebuilding the male machine. (surgical help and **drug therapy** for
impotence) (Brief Article) (Cover Story)
1997
WORD COUNT: 1034 LINE COUNT: 00087

SPECIAL FEATURES: photograph; chart; illustration
DESCRIPTORS: **Impotence--Care and treatment**; Men--Health aspects
FILE SEGMENT: MI File 47

18/8/16 (Item 16 from file: 149)
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01735187 SUPPLIER NUMBER: 20083174 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Can better sex come with a pill? The nineties' **impotence** cure.
1997
WORD COUNT: 1589 LINE COUNT: 00135

SPECIAL FEATURES: photograph; illustration
DESCRIPTORS: **Impotence--Drug therapy**
PRODUCT/BRAND NAMES: **Viagra (Medication)**--**Therapeutic use**; Vasomax

(Medication)-Therapeutic use; Apomorphine (Medication)-Therapeutic use
FILE SEGMENT: MI File 47

18/8/18 (Item 18 from file: 149)
DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

01748141 SUPPLIER NUMBER: 20353616 (USE FORMAT 7 OR 9 FOR FULL TEXT)
My husband is **IMPOTENT**.
1998
WORD COUNT: 2381 LINE COUNT: 00182

DESCRIPTORS: Married women--Personal narratives; Sexual intercourse--
Psychological aspects; Married men--Personal narratives; **Impotence**--
Psychological aspects
FILE SEGMENT: MI File 47

18/8/20 (Item 20 from file: 149)
DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

01762119 SUPPLIER NUMBER: 20545739 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Diagnosis and treatment of prostate cancer. (includes patient information
handout)
1998
WORD COUNT: 4793 LINE COUNT: 00450

SPECIAL FEATURES: table; diagram; illustration
DESCRIPTORS: Prostate cancer--Care and treatment; Prostate-specific antigen
--Diagnostic use
FILE SEGMENT: HI File 149

18/8/21 (Item 21 from file: 135)
DIALOG(R)File 135:(c) 2005 NewsRx. All rts. reserv.

0000029422 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Viagra Has Men Rejoicing But Questions Abound
WORD COUNT: 1380
May 18, 1998 (19980518)

DESCRIPTORS: news
SUBJECT HEADING: **Impotence**

18/8/22 (Item 22 from file: 149)
DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

01782270 SUPPLIER NUMBER: 20973113
When **impotence** is curable.(includes list of myths and facts)
1998

SPECIAL FEATURES: photograph; illustration
DESCRIPTORS: **Impotence**--Care and treatment
FILE SEGMENT: MI File 47

18/8/23 (Item 23 from file: 149)
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01802014 SUPPLIER NUMBER: 21199614 (USE FORMAT 7 OR 9 FOR FULL TEXT)
The rise and fall of **Viagra**. (Medicine and the Media.)
1998
WORD COUNT: 1071 LINE COUNT: 00088

SPECIAL FEATURES: illustration; photograph
DESCRIPTORS: **Sildenafil**--Therapeutic use
PRODUCT/BRAND NAMES: **Viagra (Medication)**--Therapeutic use
FILE SEGMENT: HI File 149

18/8/24 (Item 24 from file: 149)
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01810978 SUPPLIER NUMBER: 53445249 (USE FORMAT 7 OR 9 FOR FULL TEXT)
PHARMACEUTICAL SEX.
1998
WORD COUNT: 1759 LINE COUNT: 00141

DESCRIPTORS: Sexual disorders--Effect of **drugs** on; Sexual excitement--
Psychological aspects
PRODUCT/BRAND NAMES: **Viagra (Medication)**--Physiological aspects
FILE SEGMENT: HI File 149

18/8/26 (Item 26 from file: 135)
DIALOG(R) File 135:(c) 2005 NewsRx. All rts. reserv.

0000037211 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Americans Still Need More Education About **Impotence**
WORD COUNT: 591
May 10, 1999 (19990510)

DESCRIPTORS: news
SUBJECT HEADING: **Erectile Dysfunction**

18/8/29 (Item 29 from file: 149)
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01949394 SUPPLIER NUMBER: 66123974 (USE FORMAT 7 OR 9 FOR FULL TEXT)
A Twelfth Pitfall in Treating Diabetes. (**erectile dysfunction**) (Brief
Article) (Statistical Data Included)
2000
WORD COUNT: 618 LINE COUNT: 00057

DESCRIPTORS: Diabetes--Adverse and side effects; **Impotence**--Causes of
GEOGRAPHIC CODES/NAMES: 1USA United States
SIC CODES: 8730 Research and Testing Services
PRODUCT/INDUSTRY NAMES: 8000212 (Diabetes R&D)
NAICS CODES: 54171 Research and Development in the Physical, Engineering,
and Life Sciences

FILE SEGMENT: TI File 148

18/8/30 (Item 30 from file: 16)
DIALOG(R)File 16:(c) 2005 The Gale Group. All rts. reserv.

08427436 Supplier Number: 71560452 (USE FORMAT 7 FOR FULLTEXT)
Charlatans, Leeches, and Old Wives: Medical Misinformation.(Industry Trend
. or Event)
March, 2001
Word Count: 8848
PUBLISHER NAME: Information Today, Inc.
COMPANY NAMES: *Pew Internet
EVENT NAMES: *600 (Market information - general)
GEOGRAPHIC NAMES: *1USA (United States)
PRODUCT NAMES: *4811520 (Online Services)
INDUSTRY NAMES: LIB (Library and Information Science)
SIC CODES: 4822 (Telegraph & other communications)
NAICS CODES: 514191 (On-Line Information Services)
SPECIAL FEATURES: COMPANY
ADVERTISING CODES: 85 Industry Market Data

18/8/31 (Item 31 from file: 149)
DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

01992074 SUPPLIER NUMBER: 74829191 (USE FORMAT 7 OR 9 FOR FULL TEXT)
CHRONIC COMPLICATIONS.
2001
WORD COUNT: 4343 LINE COUNT: 00359
FILE SEGMENT: TI File 148

18/8/32 (Item 32 from file: 16)
DIALOG(R)File 16:(c) 2005 The Gale Group. All rts. reserv.

09630682 Supplier Number: 83758514 (USE FORMAT 7 FOR FULLTEXT)
Endocare Secures Exclusive Purchase Agreement With Veterans Administration
For **Erectile Dysfunction** Product; Timm Medical Unit Solidly on Track for
Growth This Year.
March 14, 2002
Word Count: 887
PUBLISHER NAME: PR Newswire Association, Inc.
COMPANY NAMES: *Endocare Inc.; Timm Medical Technologies Inc.
GEOGRAPHIC NAMES: *1USA (United States)
PRODUCT NAMES: *5086384 (Medical Supplies Whsle)
INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)
SIC CODES: 5047 (Medical and hospital equipment)
NAICS CODES: 42145 (Medical, Dental, and Hospital Equipment and Supplies
Wholesalers)
SPECIAL FEATURES: COMPANY

18/8/33 (Item 33 from file: 441)
DIALOG(R)File 441:(c) 2005 ESPICOM Bus.Intell. All rts. reserv.

00042001 00045484 (USE FORMAT 7 OR 9 FOR FULLTEXT)

Endocare provides ED product for VA medical centres
19 March 2002 (20020319)
RECORD TYPE: FULLTEXT WORD COUNT: 85

18/7/1 (Item 1 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
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01239869 SUPPLIER NUMBER: 08707486 (THIS IS THE FULL TEXT)
Vacuum treatment for **impotence** poses challenge to surgical implants.
PR Newswire, 0802FL004
August 2,
1990

TEXT:

CLEVELAND, Aug. 2 /PRNewswire/ -- A study just published in The Journal of Urology concludes that external **vacuum** devices are "the least invasive, least expensive and safest" of current medical treatments for **erectile dysfunction**. The study from the Case Western Reserve University School of Medicine offers an encouraging alternative to the surgical implant, until recently considered the preferred treatment for **impotence** management.

The increasing incidence of postoperative complications and mechanical failures of the more sophisticated implants have led to heightened interest in external **vacuum therapy**, says Louisa A. Turner, Ph.D., lead author of the Case Western study, which was a joint project of the departments of psychiatry and urology.

While acknowledging considerable advancement in all **impotent therapies** within the past few years, including **penile** prostheses and the self-injection of vasoactive **drugs**, Dr. Turner said that the adverse effects of these methods compared to the minor side effects of **vacuum therapy** seem to make the non-invasive **vacuum** device "the most logical alternative...in men whose **erectile** failure is due to irreversible physical causes."

Significant findings of the study include a measurable improvement in spontaneous **erectile** capacity after use of the device for six months and a trend toward increased marital satisfaction in men. The study reports an overall effectiveness rate of 89 percent in achieving **erections** of sufficient quality for intercourse, with 62 percent of partners reporting greater sexual satisfaction as well. The study is the first to measure sexual reaction in partners.

A total of 29 men participated in the study. The mean age was 58.8 years, and all had experienced **erectile** difficulties for over five years. A majority of subjects (83 percent) had either organic **impotence** or a combination of organic and psychological **impotence**. Diabetes, vascular disease and **medication** for high blood pressure accounted for 75 percent of the organic **erectile** difficulties in the group.

The external **vacuum** device used in the study was **Erecaid** System (R), manufactured by Osbon Medical Systems, Ltd. of Augusta, Ga., (800-438-8592).

-0- 8/2/90

/CONTACT: Jo Ann S. Hoffman of Osbon Medical Systems, 404-821-6879 or 800-344-9688; or Mark Cohen of Cameron Associates, 212-683-4545, for Osbon

Medical Systems/ CO: Osbon Medical Systems ST: Ohio IN: HEA SU: AW-SG --
FL004 -- 1488 08/02/90 10:27 EDT
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18/7/10 (Item 10 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
(c) 2005 The Gale Group. All rts. reserv.

01646623 SUPPLIER NUMBER: 18724131 (THIS IS THE FULL TEXT)
Erectile dysfunction and intracavernosal **alprostadil**. (adapted from New
England Journal of Medicine 1996;334:873-7 and 913-4) (Tips from Other
Journals)
American Family Physician, v54, n3, p1091(2)
Sep 1,
1996

TEXT:

Treatments for **erectile dysfunction** include medical and
psychologic **therapy**, **vacuum constriction** devices, **drug therapies**
involving intracavernosal self-injection, microvascular arterial or venous
surgery, and **penile** prosthesis implantation. Intracavernosal injection of
vasoactive **drugs** that directly relax the smooth muscle and elicit
erections is an important **therapeutic** option because no surgery or devices
are necessary and side effects are tolerable. To test the efficacy and
safety of **alprostadil**, Linet and colleagues conducted three separate,
multi-institutional prospective studies of **impotent** men.

In a dose-response study involving 296 men who received either
placebo or varying amounts of **alprostadil**, the mean duration of **erection**
ranged from 12 minutes after the 2.5-(mu)g dose of **alprostadil** to 44
minutes after the 20-(mu)g dose of **alprostadil**. None of the men responded
to placebo, and the response to the **alprostadil** was linear.

In a dose-finding study involving 201 men, the minimal effective dose
(resulting in rigidity for 10 minutes or more in 70 percent of the cases)
was 2 (mu)g in 23 percent of the men with neurogenic cause of **erectile
dysfunction**, 20 percent of those with vasculogenic cause, 38 percent of
those with psychogenic cause and 23 percent of those with mixed causes.

In a six-month study of 683 men who were taught to administer
alprostadil by self-injection at home, men reported satisfactory sexual
activity after injection in 87 percent of instances and partners reported
satisfaction in 86 percent of instances. Among the 31 percent of the men
who did not complete this study, the most common reasons for
discontinuation included **penile** pain and lack of efficacy.

The authors conclude that intracavernosal **alprostadil** is an effective
and safe **therapy** for men with **erectile dysfunction**. The appropriate dose
should be established by titration, and patients need to be trained in the
injection technique and supervised periodically to minimize complications.

In a related editorial, Lipshultz emphasizes that the first step in
the management of **erectile dysfunction** is a comprehensive investigation
that includes a thorough medical history and physical examination. (Lines
OI, et al. Efficacy and safety of intracavernosal **alprostadil** in men with
erectile dysfunction. N Engl J Med 1996;334:873-7, and Lipschultz LI.
Injection **therapy** for **erectile dysfunction** (Editorial). N Engl J Med
1996;334: 913-4.)

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18/7/19 (Item 19 from file: 135)
DIALOG(R) File 135:NewsRx Weekly Reports
(c) 2005 NewsRx. All rts. reserv.

0000030516 (THIS IS THE FULLTEXT)
Vacuum Tumescence Effectively Restores Sexual Function in Men on Dialysis
Sex Weekly, March 30, 1998, p.8

DOCUMENT TYPE: Editor's Choice LANGUAGE: English
RECORD TYPE: FULLTEXT
AUDIENCE: Professional
WORD COUNT: 304

TEXT: **Vacuum tumescence therapy** (VTT) is much more effective than testosterone administration in restoring **erectile dysfunction** in men on kidney dialysis, a recent report found.

Typically, correcting iron imbalance, optimizing dialysis, depot injections of testosterone ester, and addressing possible **drug** interactions have comprised management strategy for the problem in this population, according to I.G. Lawrence and colleagues at the Leicester Royal Infirmary in Britain ("Correcting **Impotence** in the Male Dialysis Patient: Experience with Testosterone Replacement and **Vacuum Tumescence Therapy**," American Journal of Kidney Disease, 1998;31(2):313-319).

Lawrence et al. compared depot testosterone efficacy in restoring sexual function in 27 men to the efficacy of VTT in 26 men closely matched for age, duration of dialysis, and duration of sexual **dysfunction**.

Testosterone treatment restored **erectile** function in only one patient, the researchers found. Two others responded well initially, but gradually lost function over a period of 18 months. Partial response was reported in 19 of 27 men (70.3 percent), "varying from an increased sense of well-being alone to restored sexual response apart from an impairment of the duration of **penile erection**," wrote Lawrence et al.

Other patients either had no response, or testosterone was contraindicated, or they reported fluid retention.

Vacuum tumescence therapy, by comparison, fully restored **erectile** function to 19 of 32 men (73.1 percent). Lawrence et al. noted that six men continued receiving testosterone to maintain libido. Side effects included discomfort in five patients (19.2 percent) who did not respond to VTT.

"The correction of biochemical hypogonadism in the male dialysis population with testosterone rarely restores sexual function to normal, whereas **vacuum tumescence therapy** corrects **penile erection dysfunction** in most patients," concluded the researchers.

I.G. Lawrence and co-authors are with the Department of Diabetes and Endocrinology, Leicester Royal Infirmary, United Kingdom.

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18/7/34 (Item 34 from file: 16)
DIALOG(R) File 16:Gale Group PROMT(R)
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09707939 Supplier Number: 84671816 (THIS IS THE FULLTEXT)
DT lists **vacuum** devices. (**Drug** Tariff adds device to treat **erectile dysfunction**) (Brief Article)
Chemist & Druggist, p32

April 6, 2002

TEXT:

Owen Mumford's **vacuum therapy** device for patients with **erectile dysfunction** has been listed in the **Drug Tariff** from April 1.

Two variants, classic and premier, are available, and a video demonstrating use is included.

Vacuum therapy works by applying a **vacuum** to the flaccid **penis** to induce an **erection**, which is then maintained by applying a restriction ring to the base of the **penis** to prevent blood from returning to the vascular circulation. VTDs are effective in up to 95 per cent of patients, claims the company.

Price: #98.35 (classic), #150 (premier)

Pip code: classic 233-0512, premier 217-4050

Owen Mumford

Tel: 01993 812021

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18/3,K/2 (Item 2 from file: 149)
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01301691 SUPPLIER NUMBER: 10975713 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Mechanical devices for the treatment of **erectile dysfunction**.

Witherington, Roy

American Family Physician, v43, n5, p1611(10)

May,

1991

PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-838X LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional

WORD COUNT: 2487 LINE COUNT: 00219

...ABSTRACT: include the use of psychologic or **drug therapy**, mechanical devices, including external splints, **constriction** bands, **vacuum constriction** devices and **penile** implants. External splints have long been available, but are not very satisfactory...

... a costly, detailed evaluation is not necessary.

Treatment

In addition to mechanical aids, such as **vacuum constriction** devices and **penile** implants, many methods for managing **erectile dysfunction** currently exist. Psychologic **therapy** is useful when no organic cause of **impotence** can be identified. **Drug therapy** with yohimbine (Aphrodyne, Yocon, Yohimex) indirectly enhances parasympathetic activity and is occasionally beneficial in men with mild partial **impotence**. Testosterone replacement **therapy** may be useful in men with low serum testosterone levels.

Intracavernosal injection...

...DEVICES

A number of external **vacuum constriction** devices are used in the treatment of **erectile impotence** (Table 3 and Figures 2, 3 and 4). All of these mechanical aids for **erection** are patented, and the Food and **Drug Administration** permits their sale. A prescription is necessary to purchase most of these devices.

Most...

18/3,K/3 (Item 3 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
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01488054 SUPPLIER NUMBER: 15258377 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Impotence: diagnosis and management of male **erectile dysfunction**.
Kirby, Roger S.
British Medical Journal, v308, n6934, p957(5)
April 9,
1994
PUBLICATION FORMAT: Magazine/Journal ISSN: 0959-8146 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 3963 LINE COUNT: 00351

... Intracavernosal **pharmacotherapy**
* Venous leak correction
* Revascularisation
* **Penile** prostheses
* **Vacuum** devices [1] Furlow WL. Prevalence of **impotence** in the United States. Medical Aspects of Human Sexuality 1985;19:13-6. [2] McCulloch DK, Campbell IW, Wu FC, Prescott RJ, Clarke BF. The prevalence of diabetic **impotence**. Diabetologia 1980;18:279-83. [3] Lerner SE, Melman A, Christ GJ. Review of **erectile dysfunction**: New insights and more questions. J Urol 1993;149:1246-55. [4] Lue TF, Tanaghoo EA. Physiology of **erection** and pharmacological management of **impotence**. J Urol 1987;137:829-36. [5] Batra AK, Lue TF. **Penile erection**: circulatory physiology. IN: Kirby RS, Carson C, Webster GD, eds. **Impotence**: diagnosis and management. Oxford: Butterworth-Heinemann, 1991:19-26. [6] Krane RJ, Goldstein I, Saenz De Tejada I. Medical progress: **impotence**. N Engl J Med 1989;321:1648-59. [7] Franks S, Jacobs HS, Martin N, Nabarro JD. Hyperprolactinaemia and **impotence**. Clin Endocrinol 1978;8:277-87. [8] Troy K, Cuttner J, Reilly M, Grabowski G...

...J Hematol 1985;19:237-44. [9] Michael V. Arterial disease as a cause of **impotence**. Clin Endocrinol Metab 1982;11:725-48. [10] Medical Research Council Working Party. Adverse reactions...

...Research Group. A randomized, placebo-controlled trial of a nutritional-hygienic regimen along with various **drug monotherapies**. Arch Intern Med 1991;151:1413-23. [12] Karacan I. Clinical value of nocturnal **erection** in the prognosis and diagnosis of **impotence**. Medical Aspects of Human Sexuality 1970;4:27-34. [13] Ek A, Bradley WE, Krane...

...I, Kirby RS, Fowler CJ. Neurophysiological testing. In: Kirby RS, Carson C, Webster GD, ed. **Impotence** diagnosis and management. Oxford: Butterworth-Heinemann, 1991:109-16. [15] Lue TF, Hricak H, Marich KW, Tanagho EA. Vasculogenic **impotence** evaluated by high resolution ultrasonography and pulsed Doppler spectrum analysis. Radiology 1985;155:777-81...

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Serial 10/645869

March 1, 2005

Medical treatment of **erectile dysfunction**. In: Kirby RS, Carson C, Webster GD, eds. **Impotence**: diagnosis and management. Oxford: Butterworth-Heinemann, 1991:149-52. [19] Susset JG, Tessier CD, Wincze J, Bansal S, Malhotra C, Schwacha MG. Effect of yohimbine hydrochloride on **erectile impotence**: A double-blind study. J Urol 1989;141:1360-3. [20] Reid K, Sturridge DHC...

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...**erectile** failure. Lancet 1982;ii:938. [24] Brindley GS. Pilot experiments on the actions of **drugs** injected into the human corpus cavernosum **penis**. Br J Pharmacol 1986;87:495-500. [25]...
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...Reliability of AMS M700 inflatable **penile** prosthesis. Urology 1986;28:385-7. [36] Witherington R. **Vacuum constriction** device for management of **erectile impotence**. J Urol 1989;141:320-2.

18/3,K/5 (Item 5 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
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01552132 SUPPLIER NUMBER: 17537608
The \$665 million market nobody talks about: there's a burst of new treatments for **impotence**.

Weber, Joseph
Business Week, n3448, p42(1)
Oct 30,
1995

PUBLICATION FORMAT: Magazine/Journal ISSN: 0007-7135 LANGUAGE: English
RECORD TYPE: Abstract TARGET AUDIENCE: Consumer; Trade

ABSTRACT: **Drugs** such as Upjohn Co's Caverject are helping men overcome **impotence** caused by age or medical problems. Vivus Inc is seeking approval for an insertable pellet. Other treatments such as implants and **vacuum pumps** are also being used.

18/3,K/6 (Item 6 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
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01611562 SUPPLIER NUMBER: 17905779 (USE FORMAT 7 OR 9 FOR FULL TEXT)
New developments in the diagnosis and treatment of **impotence**.
De Palma, Ralph G.
The Western Journal of Medicine, v164, n1, p54(8)
Jan,
1996
PUBLICATION FORMAT: Magazine/Journal ISSN: 0093-0415 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 5250 LINE COUNT: 00468

AUTHOR ABSTRACT: New developments in the diagnosis and treatment of **impotence** or **erectile dysfunction** are increasingly based on better understanding of the **erectile** process. in 1978 it was thought that the failure of arterial inflow was the main cause of male **erectile dysfunction**. Emphasis was placed on methods of corpus cavernosal revascularization. in recent years, interest has shifted...

...flow. increasingly effective **therapies** are available for an estimated 10 million American men suffering from **erectile dysfunction**. **Therapies** include the use of **drugs**, administering vasoactive agents intracavernosally, **vacuum constrictor** devices, and vascular interventions in highly selected cases of arterial or venous disease. These procedures...

...when supplemental **therapy** is used. (Depalma RG: New developments in the diagnosis and treatment of **impotence**. West j Med 1996; 164:54-61)
... men demands careful workup because enlarging aneurysms are potentially lethal.

The Future

Most men with **erectile dysfunction** can be treated medically. The main modalities of **therapy** are the intracavernosal administration of PGE, and the use of **vacuum constriction** devices. The search for locally applicable or oral agents promises to be intense. **Drug** testing will rely on an enhanced knowledge of cavemosal smooth muscle function and will require...

...adrenergic activity and the potentiation of other endogenous **inhibitors** of smooth muscle contraction.[13] These **drugs** might also be found to exert beneficial effects in peripheral vessels.

The process responsible for...

18/3,K/8 (Item 8 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
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01618482 SUPPLIER NUMBER: 18246470 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Impotence: no need to suffer in secret.
Church, Paul
Harvard Health Letter, v21, n7, p4(3)
May,
1996

PUBLICATION FORMAT: Newsletter ISSN: 1052-1577 LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional
WORD COUNT: 1915 LINE COUNT: 00155

ABSTRACT: **Impotence** occurs in 5% of men over 40 and increases with age, but almost all cases can be remedied. Solutions to physical causes include **vacuum pumps**, surgical implants or new injectable **drugs**, such as **alprostadil**, marketed by Pharmacia & Upjohn as Caverject. No over-the-counter remedy is FDA approved.

18/3,K/9 (Item 9 from file: 149)
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01620562 SUPPLIER NUMBER: 18293088 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Evaluation and treatment of **erectile dysfunction**. (includes patient information sheet)

Dewire, Douglas M.
American Family Physician, v53, n6, p2101(8)
May 1,
1996

PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-838X LANGUAGE: English
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional
WORD COUNT: 3216 LINE COUNT: 00276

... thereby improving the likelihood of a successful outcome.

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...An investigation into the management of patients with **erectile** problems in general practice. Int J **Impotence** Res 1994;6:67-72. [5.] Lerner SE, Melman A, Christ GJ. A review of **erectile dysfunction**: new insights and more questions. J Urol 1993;149(5 Pt 2):1246-55. [6.] Krane RJ, Goldstein I, Saenz de Tejada I. **Impotence**. N Engl J Med 1989;321:1648-59. [7.] Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB. **Impotence** and its medical and psychosocial correlates: results of the Massachusetts Male Aging Study. J Urol...

...Nankin HR, Blair SN. Total cholesterol and high density lipoprotein cholesterol as important predictors of **erectile dysfunction**. Am J Epidemiol 1994;140:930-7. [9.] Ellenberg M. Sexual function in diabetic patients...

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...26. [12.] Mannino DM, Klevens RM, Flanders WD. Cigarette smoking: an independent risk factor for **impotence**? Am J Epidemiol 1994;140:1003-8. [13.] Aloni R, Heller L, Keren O, Mendelson E, Davidoff G. Noninvasive

treatment for **erectile dysfunction** in the neurogenically disabled population. J Sex Marital Ther 1992;18:243-9. [14.] Lue TF. **Impotence** after radical pelvic surgery: physiology and management. Urol Int 1991;46:259-65. [15.] Lindner...

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...history, nocturnal **penile tumescence** and intracavernosal injection of smooth muscle relaxant, in the diagnosis of **erectile dysfunction**? Int J **Impotence** Res 1993;5:123-31. [21.] Lim PH, Ng FC. **Erectile dysfunction** in Singapore men: presentation, diagnosis, treatment and results. Ann Acad Med Singapore 1992;21:248...

...Sonda LP, Mazo R, Chancellor MB. The role of yohimbine for the treatment of **erectile impotence**. J Sex Marital Ther 1990;16:15-21. [23.] Susset JG, Tessier CD, Wincze J, Bansal S, Malhotra C, Schwacha MG. Effect of yohimbine hydrochloride on **erectile impotence**: a double-blind study. J Urol 1989;141:1360-3. [24.] Morales A, Condra M...

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DOUGLAS M. DEWIRE, M.D. is assistant professor of...

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01646952 SUPPLIER NUMBER: 18792914 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Erectile dysfunction.

Greiner, K. Allen; Weigel, John W.

American Family Physician, v54, n5, p1675(8)

Oct,

1996

PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-838X LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional

WORD COUNT: 3627 LINE COUNT: 00335

... Am 1995;79(2):415-34. Used with permission.

(Figure 1 ILLUSTRATION OMITTED)

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18/3,K/12 (Item 12 from file: 16)
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04735079 Supplier Number: 46970386 (USE FORMAT 7 FOR FULLTEXT)
Impotence Treatment Guidelines Presented at World Conference Confirm
Georgia Entrepreneur's 1974 Claim, According to Osbon Medical Systems
PR Newswire, p1213ATF001
Dec 13, 1996
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 574

... the millions of men in need.
"Initially the U.S. Postal Service said Osbon's **vacuum therapy** product was pornographic and refused to let him market and distribute it through the mail. Next the U.S. Food and **Drug** Administration (FDA) said the product was classified as a 'medical device' and therefore could not...

...the country, he and his new company convinced the Postal Service and the FDA that **vacuum therapy** is a safe, reliable, low-cost treatment for male **impotence**. And now after extensive research, the AUA has agreed.
"Along the way, Osbon Medical Systems...

18/3,K/13 (Item 13 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
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01686910 SUPPLIER NUMBER: 19347073 (USE FORMAT 7 OR 9 FOR FULL TEXT)
American Urological Association issues treatment guidelines for **erectile dysfunction**.
American Family Physician, v55, n5, p1967(3)
April,
1997
PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-838X LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 1618 LINE COUNT: 00150

... provided in the guide.
According to the panel, five basic types of **therapy** for organic **erectile dysfunction** have been reported in the literature. These are oral **drug therapy** (yohimbine); **vacuum - constriction device therapy**; intracavernous vasoactive **drug injection therapy**; **penile** prosthesis implantation, and venous and arterial surgery.
Vacuum constriction devices, vasoactive drug...

...by the AUA as being safe and effective treatment options for the standard patient with **erectile dysfunction** caused by physiologic

problems. The "standard" patient is defined by the AUA as a man with acquired organic **erectile dysfunction** and no evidence of hypogonadism or hyperprolactinemia. All three modalities have relatively high median-outcome...

...identified. The status of other oral **drugs** for the treatment of **erectile dysfunction** is investigational.

* **Vacuum constriction devices.** **Vacuum constriction** devices consist of a plastic cylinder, a **vacuum pump** and an elastic **constriction band**. Men interested in trying **vacuum - constriction device therapy** should be given individual instruction in its use. These prescription devices are reliable and safe, with no serious side effects when the devices are used properly. The **vacuum constriction device** will cause **penile rigidity** in most men that is sufficient for vaginal penetration regardless of the reason for **erectile dysfunction**. **Constriction** should not exceed 30 minutes. One of the advantages of the device is that...

...can be easily discontinued, and another treatment option can then be tried. An advantage that **vacuum constriction** devices have over the other treatments is cost. They are less expensive than surgery for a prosthesis and less expensive over time than the **drugs** necessary for injection **therapy**.

* **Penile injection therapy.** In using **penile injection therapy**, one or more...

...their relative benefits and potential complications.

Guideline. The panel recommends three treatment options for organic **erectile dysfunction** in the standard patient. The three recommended treatments are: **vacuum - constriction device therapy**, intracavernous vasoactive **drug injection therapy** and **penile prosthesis implantation**.

ORAL DRUG THERAPY

Guideline. Based on the data to...

18/3,K/25 (Item 25 from file: 149)
DIALOG(R)File 149:TGG Health&Wellness DB(SM)
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01814315 SUPPLIER NUMBER: 53592396
Assessment and management of **erectile dysfunction**.
Webb, Vanessa; Holmes, Ann
Nursing Times, 48(2)
Jan 13,
1999

PUBLICATION FORMAT: Magazine/Journal ISSN: 0029-6589 LANGUAGE: English
RECORD TYPE: Abstract TARGET AUDIENCE: Professional

ABSTRACT: Sexual **impotence** can be due to any of a range of factors including psychological influences, vascular problems...

...doctor to ensure that treatment is appropriate to the underlying cause. Commonly-used treatments include **vacuum pumps**, **penile injections** and oral **medications**, with surgery and prostheses being used much more rarely. Each treatment has its own advantages...

18/3,K/27 (Item 27 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
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01976070 SUPPLIER NUMBER: 57760474 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Male **impotence**.
Morgentaler, Abraham
The Lancet, 354, 9191, 1713
Nov 13,
1999
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0099-5355
LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE:
Professional
WORD COUNT: 5419 LINE COUNT: 00469

TEXT:

Erectil e **dysfunction** can be devastating for men and for their partners. A good sexual history and focused...

...cause is psychogenic or organic. Diagnostic investigation should be tailored to the clinical picture. Oral **medications** now represent first-line **therapy**. **Penile** injection **therapy** and **vacuum constrictive** devices are reasonable choices for men in whom oral **therapy** fails or is contraindicated. The...

...of patients by providing a non-judgmental and supportive environment for discussion and management of **impotence** .

18/3,K/28 (Item 28 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
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01885513 SUPPLIER NUMBER: 59426936 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Diagnostic Evaluation of **Erectile Dysfunction**.
MILLER, THOMAS A.
American Family Physician, 61, 1, 95
Jan 1,
2000
PUBLICATION FORMAT: Magazine/Journal ISSN: 0002-838X LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 3557 LINE COUNT: 00397

... require neurosurgical treatment.

Given the effectiveness of several treatment modalities (e.g., oral or intraurethral **medication** , **vacuum constriction** devices), it is reasonable to consider initiation of treatment for the remaining patients regardless of the **erectile dysfunction** etiology. Patients with suspected vasculogenic or neurogenic causes can be considered for a trial of...

18/3,K/35 (Item 35 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
(c) 2005 The Gale Group. All rts. reserv.

02125273 SUPPLIER NUMBER: 94173545 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Erectile dysfunction: diagnosis and treatment in older men. (Urology).
Carbone, Dominick J., Jr.; Seftel, Allen D.
Geriatrics, 57, 9, 18
Sept,
2002
PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0016-867X
LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE:
Professional
WORD COUNT: 3828 LINE COUNT: 00344

AUTHOR ABSTRACT: **Erectile dysfunction** (ED) affects nearly two-thirds
of men age 50 and older and is an increasingly...

...Treatments include medical management of multi-**drug** regimens, oral
therapy, intracavernosal injection, testosterone replacement **therapy**,
vacuum erection devices, and **penile** prostheses.

Carbone DJ, Seftel AD. **Erectile dysfunction:** Diagnosis and treatment
in older...

18/3,K/36 (Item 36 from file: 149)
DIALOG(R) File 149:TGG Health&Wellness DB(SM)
(c) 2005 The Gale Group. All rts. reserv.
02167988 SUPPLIER NUMBER: 99145092 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Vacuum constriction an alternative to **viagra** . (**Erectile
Dysfunction**).
Finn, Robert
Family Practice News, 33, 5, 28(1)
March 1, 2003
PUBLICATION FORMAT: Magazine/Journal ISSN: 0300-7073 LANGUAGE: English
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional
WORD COUNT: 524 LINE COUNT: 00045
TEXT:

RENO, NEV. -- **Viagra** is not the only treatment for **erectile
dysfunction** , and a **vacuum constriction** device can be highly effective,
Antonette M. Zeiss, Ph.D., said at the annual meeting...

18/3,K/38 (Item 38 from file: 285)
DIALOG(R) File 285:BioBusiness(R)
(c) 1998 BIOSIS. All rts. reserv.
00870699
Guidelines for treating **erectile dysfunction** issued.
Skolnick A A
JAMA (Journal of the American Medical Association) Vol.277, No.1, Jan. 1,
p.7-8, 1997.
ABSTRACT: New guidelines for the treatment of organic **erectile
dysfunction** were revealed at the World Meeting on **Impotence** in San
Francisco, California. The guidelines, proposed by the American Urological
Association (AUA), recommend 3 new **therapies** effective in treating
erectile dysfunction . The **therapies** include **vacuum constriction**
devices, vasoactive **drug** injection **therapy**, and **penile** prosthetic
implants.

18/3,K/39 (Item 39 from file: 285)
DIALOG(R) File 285:BioBusiness(R)
(c) 1998 BIOSIS. All rts. reserv.
00634848

You can't just take a pill.

Palmeri C

Forbes Vol.154, No.3, Aug. 1, p.98, 1994.

ABSTRACT: Several methods of treating **impotence** have been developed including: **penile** implants, **vacuum pumps**, and **drug** injections. However, **pharmaceutical** companies are trying to manufacture a pill which would eliminate the problem and be much easier to use. A pie chart is provided which compares the different causes of **impotence**.

File 369:New Scientist 1994-2005/Feb W2
(c) 2005 Reed Business Information Ltd.
File 370:Science 1996-1999/Jul W3
(c) 1999 AAAS
File 20:Dialog Global Reporter 1997-2005/Feb 28
(c) 2005 The Dialog Corp.

Set	Items	Description
S1	14992	VACUUM() (ERECTION OR ERECTILE OR ERECTAL OR TUMESCEN?? OR - CONSTRUCT? OR THERAP? OR PUMP? ?) OR VED OR VCD OR ERECAID OR POST()T()VAC
S2	17470	(PDE()5 OR PDE5)()INHIBITOR? ? OR VASODILATOR? ? OR SILDEN- AFIL()CITRATE OR ALPROSTADIL OR APOMORPHINE OR VIAGRA
S3	89502	MEDICATION?
S4	998021	DRUG? ?
S5	621318	PHARMACEUTICAL? ?
S6	877	PHARMACOTHERAP?
S7	5657	(ERECTION OR ERECTAL OR ERECTION)() (DYSFUNCTION??? OR DISF- UNCTION??? OR ENHANCEMENT? ?) OR (PENIS OR PENILE) (2N)ATHEROS- CLEROSIS
S8	19390	IMPOTENT OR IMPOTENCE
S9	17	S1(10N)S2:S6(S)S7:S8
S10	17	RD (unique items)
S11	1	S10/2004:2005
S12	16	S10 NOT S11
S13	16	Sort S12/ALL/PD,A

13/8/2 (Item 2 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

01621407 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Viagra: 'Miracle drug' for impotence
May 14, 1998
WORD COUNT: 923

COMPANY NAMES: Pfizer Inc.
DESCRIPTORS: New Products & Services; **Drugs & Medicines**
COUNTRY NAMES/CODES: USA US United States of America)
REGIONS: Americas; North America
SIC CODES/DESCRIPTIONS: 2834 (**Pharmaceutical** Preparations)

13/8/3 (Item 3 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

02179316 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Sex & **drugs** & pounds & pence: **Viagra** is a pill that has revolutionised the
treatment of the age-old - and often unspoken - problem of male
impotence. It has also grabbed headlines. Beezy Marsh reports
July 09, 1998
WORD COUNT: 1093

COMPANY NAMES: Pfizer Inc.
DESCRIPTORS: **Drugs & Medicines**; Comment & Analysis
COUNTRY NAMES/CODES: United Kingdom (GB)
REGIONS: European Union; Western Europe; Europe
SIC CODES/DESCRIPTIONS: 2834 (**Pharmaceutical** Preparations)

13/8/5 (Item 5 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

04856734 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Innovative Medical Devices, Inc. Introduces '21Again' - A Safe, Affordable,
Drug-Free Solution to Male **Impotence**
April 02, 1999
WORD COUNT: 474

13/8/6 (Item 6 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

05125067 (USE FORMAT 7 OR 9 FOR FULLTEXT)
One Year After **Viagra**, Americans Still Need More Education About **Impotence**
April 28, 1999
WORD COUNT: 847

13/8/7 (Item 7 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

05642319 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Scientists stumbled on **Viagra** by accident
June 03, 1999
WORD COUNT: 444

DESCRIPTORS: New Products & Services; Marketing; Company News; Research
& Development; Health & Healthcare; General News
COUNTRY NAMES/CODES: United Kingdom (GB)
REGIONS: Europe; European Union; Western Europe
SIC CODES/DESCRIPTIONS: 2834 (**Pharmaceutical** Preparations)

13/8/8 (Item 8 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

06196387 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Viagra opens new door in treatment of **impotence**
July 15, 1999
WORD COUNT: 1018

COMPANY NAMES: Pfizer Inc
DESCRIPTORS: Health & Healthcare; General News
COUNTRY NAMES/CODES: South Korea (KR)
REGIONS: Asia; Far East
SIC CODES/DESCRIPTIONS: 8011 (Offices & Clinics of Medical Doctors); 2834
(**Pharmaceutical** Preparations)

13/8/9 (Item 9 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

09624473 (USE FORMAT 7 OR 9 FOR FULLTEXT)

ASRC Searcher: Jeanne Horrigan
Serial 10/645869
March 1, 2005

67

Affair of the heart unlikely to prove fatal; Medical Briefing
February 17, 2000
WORD COUNT: 722

DESCRIPTORS: Health & Healthcare; General News; Statistics
COUNTRY NAMES/CODES: United Kingdom (GB)
REGIONS: Europe; European Union; Western Europe
SIC CODES/DESCRIPTIONS: 6732 (Educational Religious Etc Trusts)
NAICS CODES/DESCRIPTIONS: 813211 (Grantmaking Foundations)

13/8/10 (Item 10 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

11269850

Health: 'Sometimes people just stop fancying each other': So **Viagra** doesn't work on females. But with 43% of women saying they don't enjoy sex, the **drug** companies are still frantically searching for treatments. Are **drugs** really the answer though, asks Luc

May 30, 2000
WORD COUNT: 1054

DESCRIPTORS: Research & Development; Company News; Health & Healthcare; General News
COUNTRY NAMES/CODES: Canada (CA) ; United Kingdom (GB) ; United States of America (US)
REGIONS: Americas; North America; Pacific Rim; Europe; European Union; Western Europe
SIC CODES/DESCRIPTIONS: 9431 (Administration of Public Health Programs); 8010 (Offices & Clinics of Medical Doctors); 2834 (**Pharmaceutical** Preparations)
NAICS CODES/DESCRIPTIONS: 92312 (Admin of Public Health Programs); 621111 (Offices of Physicians exc Mental Health); 325412 (**Pharmaceutical** Preparation Mfg)

13/8/11 (Item 11 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

11258026

'Sometimes people just stop fancying each other': So **Viagra** doesn't work on females. But with 43% of women saying they don't enjoy sex, the **drug** companies are still frantically searching for treatments. Are **drugs** really the answer though, asks Lucy Atkins

May 30, 2000
WORD COUNT: 1054

DESCRIPTORS: Education & Training; General News; Regulation of Business; Company News; Research & Development; Health & Healthcare
COUNTRY NAMES/CODES: Canada (CA) ; United Kingdom (GB) ; United States of America (US)
REGIONS: Americas; North America; Pacific Rim; Europe; European Union; Western Europe
PROVINCE/STATE: England; British Columbia

Serial 10/645869

March 1, 2005

13/8/12 (Item 12 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

11704378 (USE FORMAT 7 OR 9 FOR FULLTEXT)

Sex and the diabetic

June 27, 2000

WORD COUNT: 923

COUNTRY NAMES/CODES: Malaysia (MY)

REGIONS: Asia; South East Asia

13/8/13 (Item 13 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

16471345 (USE FORMAT 7 OR 9 FOR FULLTEXT)

Health: Men urged not to let their love lives suffer

February 17, 2001

WORD COUNT: 626

DESCRIPTORS: Health & Healthcare; General News

COUNTRY NAMES/CODES: United Kingdom (GB)

REGIONS: Europe; European Union; Western Europe

SIC CODES/DESCRIPTIONS: 8060 (Hospitals); 8062 (General Medical & Surgical
Hospitals); 8010 (Offices & Clinics of Medical Doctors)

NAICS CODES/DESCRIPTIONS: 622 (Hospitals); 62211 (General Medical &
Surgical Hospitals); 621111 (Offices of Physicians exc Mental Health)

13/8/14 (Item 14 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

16248277 (USE FORMAT 7 OR 9 FOR FULLTEXT)

It's safe to have sex

April 19, 2001

WORD COUNT: 906

DESCRIPTORS: Health & Healthcare; General News

13/8/15 (Item 15 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

22008653 (USE FORMAT 7 OR 9 FOR FULLTEXT)

INNOVATIONS 100: **DRUGS**: The state we're in: Heart attacks, **impotence**,
indigestion... no wonder we're all depressed. Fortunately, as Ursula
Kenny reports, we are in increasingly safe hands

March 31, 2002

WORD COUNT: 1921

DESCRIPTORS: Health & Healthcare; General News

COUNTRY NAMES/CODES: United Kingdom (GB)

REGIONS: Europe; European Union; Western Europe

SIC CODES/DESCRIPTIONS: 8010 (Offices & Clinics of Medical Doctors); 9431
(Administration of Public Health Programs); 2834 (**Pharmaceutical**
Preparations)

NAICS CODES/DESCRIPTIONS: 621111 (Offices of Physicians exc Mental Health); 92312 (Admin of Public Health Programs); 325412 (Pharmaceutical Preparation Mfg)

13/8/16 (Item 16 from file: 20)
DIALOG(R)File 20:(c) 2005 The Dialog Corp. All rts. reserv.

27460422 (USE FORMAT 7 OR 9 FOR FULLTEXT)
'My doctor told me to forget about sex'
February 09, 2003
WORD COUNT: 416

COUNTRY NAMES/CODES: United Kingdom (GB)
REGIONS: Europe; Western Europe

13/7/1 (Item 1 from file: 20)
DIALOG(R)File 20:Dialog Global Reporter
(c) 2005 The Dialog Corp. All rts. reserv.

00275344 (THIS IS THE FULLTEXT)
Urohealth Systems to Change Name of Osbon Division
Walter C. Jones
KRTBN KNIGHT-RIDDER TRIBUNE BUSINESS NEWS
October 02, 1997

From: The Augusta Chronicle, Ga.

Oct. 2--Two years after Julian Osbon sold his company, the Osbon name is coming off the building.

Shareholders for Urohealth Systems -- which bought Osbon Medical Systems -- voted this week to change the name of the company to Imagyn Medical Technologies Inc. The Osbon division based in Augusta will become known as Imagyn Urological.

Mr. Osbon sold Osbon Medical Systems in September 1995 for an estimated \$47 million in stock. Urohealth Systems of Newport Beach, Calif., kept his name on the Augusta division, a business he had started in 1974. It continued to make and sell external **vacuum pumps** for treating **impotence**.

Sales of those **pumps** dropped \$3.7 million during the second quarter below the same quarter in the previous year, according to a company report with the U.S. Securities and Exchange Commission.

"The company believes that the introduction of a new **drug** - based treatment for **impotence** adversely affected the sale of **vacuum erection** devices during the quarter as patients opted to try the new treatment modality," according to the report. It also noted that its sales had improved since the end of the quarter.

Hoover's Online estimates Imagyn will post an \$84 million loss in 1997 on sales of \$91 million. Sales grew 129 percent in the past year, largely due to acquisitions.

The company's stock Wednesday closed down 25 cents at \$5.50 per share on the Nasdaq stock market. It is now traded under the stock symbol IMTI.

Shareholders ratified the purchase of Imagyn Medical at this week's annual meeting before voting to change the company's name from Urohealth to Imagyn Medical Technologies.

Acquisitions have ballooned the payroll, too, by 78 percent, according to Hoover's. The company instituted restructuring in the summer, which included eliminating 20 jobs in Augusta and transferring manufacturing from

Augusta to California.

A bright spot was the announcement in August that the company had won patent approval for its Endotracheal Cardiac monitor. It acquired the monitor when it bought X-Cardia in February.

Copyright(C) 1997 KRTBN Knight-Ridder Tribune Business News, Source:
World Reporter (TM)

13/3,K/4 (Item 4 from file: 20)
DIALOG(R)File 20:Dialog Global Reporter
(c) 2005 The Dialog Corp. All rts. reserv.

03814099 (USE FORMAT 7 OR 9 FOR FULLTEXT)
Do the people suffering from ED really need **Viagra**?
JAKARTA POST
December 20, 1998
JOURNAL CODE: FJKP LANGUAGE: English RECORD TYPE: FULLTEXT
WORD COUNT: 877

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... types of treatment for **erectile dysfunction** available according to the patient's need: external management, **pharmaceutical** treatment, surgery and **psychotherapy**.

External management consists of **vacuum therapy** --a suction device that creates an **erection** and then maintains it with a rubber ring...

(FILE 'HOME' ENTERED AT 13:48:30 ON 28 FEB 2005)
FILE 'REGISTRY' ENTERED AT 13:48:38 ON 28 FEB 2005
E PDE-5 INHIBITOR/CN
E PDE5 INHIBITOR/CN
L1 1 S E2
E VIAGRA/CN
L2 1 S E3
E SILDENAFIL CITRATE/CN
L3 1 S E3
E ALPROSTADIL/CN
L4 1 S E3
E APOMORPHINE/CN
L5 1 S E3
L6 3 S L2 OR L3 OR L4 OR L5
FILE 'HCAPLUS, MEDLINE, BIOSIS, EMBASE' ENTERED AT 13:51:02 ON 28 FEB 2005
L7 72272 S L6
L8 15518 S (ERECTILE OR ERECTAL OR PENILE) (W) (DISFUNCTION OR DYSFUNCTION
L9 28757 S IMPOTENCE
L10 345772 S VACUUM
L11 159 S L7 AND L8 AND L10
L12 7371 S VACUUM(1W) (ERECTION OR THERAP? OR PUMP#)
L13 51 S L11 AND L12
L14 39 DUPLICATE REMOVE L13 (12 DUPLICATES REMOVED)
L15 0 S L7(10N)L12 AND L8
L16 560 S L7 AND L2 AND L8
L17 51 S L7 AND L12 AND L8
L18 0 S L7(10N)L10 AND L8
L19 0 S L7(20A)L10 AND L8
L20 0 S L7(10W)L10
L21 0 S L7/DE AND L10/DE
L22 0 S L7(P)L10
L23 256 S L7 AND L10
L24 1000 S L12/TI
L25 7 S L23 AND L24
L26 5 DUPLICATE REMOVE L25 (2 DUPLICATES REMOVED)
L27 44 S L13 NOT L25
L28 34 DUPLICATE REMOVE L27 (10 DUPLICATES REMOVED)

L26 ANSWER 1 OF 5 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
AN 1999:160454 BIOSIS
TI Intracavernosal injection of prostaglandin E1 versus the ***vacuum***
erection device: A comparative analysis of the early effects on
corporal blood chemistry and blood flow.

L26 ANSWER 2 OF 5 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
ACCESSION NUMBER: 1998136415 EMBASE
TITLE: Unusual complications of the ***vacuum***
erection device.
AUTHOR: Ganem J.P.; Lucey D.T.; Janosko E.O.; Carson C.C.
CORPORATE SOURCE: Dr. J.P. Ganem, Division of Urology, Department of Surgery,
University of North Carolina, 427 Burnett-Womack, Chapel
Hill, NC 27599-7235, United States
SOURCE: Urology, (1998) 51/4 (627-631).
Refs: 17
ISSN: 0090-4295 CODEN: URGYAZ

PUBLISHER IDENT.: S 0090-4295(97)00706-1
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
027 Biophysics, Bioengineering and Medical
Instrumentation
028 Urology and Nephrology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English

AB Objectives. The ***vacuum*** erection device (VED) is usually well tolerated and very effective for patients with erectile dysfunction. When used correctly, VEDs carry low morbidity and few recognized complications. We report on 5 patients who developed unusual complications associated with VED use, including two previously unreported complications of urethral bleeding and capture of scrotal tunica within the penile shaft. Methods. Patient 1: a 38-year-old diabetic man with significant peripheral neuropathy and an 8-year history of erectile dysfunction developed penile skin necrosis at the ring site after leaving the penile ring on for an excessive length of time (6 hours). Patient 2: a 76-year-old diabetic man who used a VED correctly for 3 months developed severe urethral bleeding. Patient 3: a 75-year-old diabetic man who enjoyed satisfactory erections with a VED for 14 months developed a 3 x 3-cm penile cystic mass located on the proximal right side of the penile shaft. This mass was not present in the flaccid state and was seen only with VED use. Patient 4: a 65-year-old man developed Peyronie's disease after 4 years of correct VED use. Patient 5: a 62-year-old man with neurogenic impotence following a radical prostatectomy developed penile ecchymoses acutely following placement of a smaller constriction ring. He subsequently developed a dorsal penile plaque with mild dorsal curvature. Results. Patient 1 did well with local skin care and no longer uses a VED. Patient 2 underwent cystoscopy and was found to have prominent urethral vessels (varicosities) in the midurethra, compared with a normal cystoscopy 9 months previously. This patient no longer uses a VED and now denies any urethral bleeding at 15-month follow-up. Patient 3 underwent corpora cavernosography and contrast injection of the cystic mass. These radiographic studies showed that the mass did not communicate with either corpora cavernosa or the corpus spongiosum. A retrograde urethrogram failed to show a urethral diverticulum. The patient was surgically explored, and the penile cystic mass was found to be scrotal tunica vaginalis. Subsequently, a hydrocele repair was performed, yet postoperatively the patient developed testicular migration into the ipsilateral penile shaft. Testicular fixation was not feasible secondary to a childhood herniorrhaphy, and an orchiectomy was performed. Patient 4 underwent implantation of a penile prosthesis and is doing well at 3-year follow-up. Patient 5 experiences mild dorsal penile curvature with erections induced by transurethral prostaglandin E1. The penile curvature does not interfere with intercourse and will be managed conservatively. Conclusions. We describe unusual side effects associated with VEDs. Although thousands of men use VEDs successfully and without morbidity, the urologist must be aware of unusual complications associated with VED use.

L26 ANSWER 5 OF 5 MEDLINE on STN
ACCESSION NUMBER: 93383348 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8372414

TITLE: [Treatment of erectile dysfunction with ***vacuum***
pumps].
Die Behandlung der erektilen Dysfunktion mittels
Vakuumsaugpumpen (EHS).
AUTHOR: Derouet H; Zehl U
CORPORATE SOURCE: Urologische Universitätsklinik und Poliklinik,
Homburg/Saar.
SOURCE: Der Urologe. Ausg. A, (1993 Jul) 32 (4) 312-5.
Journal code: 1304110. ISSN: 0340-2592.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: German
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199310
ENTRY DATE: Entered STN: 19931029
Last Updated on STN: 19931029
Entered Medline: 19931014

AB A ***Vacuum*** constrictor device (VCD) was tested in 90 patients with
organic erectile failure, some of whom had positive and some, negative
responses to intracavernous self-injection of vasoactive drugs.
Acceptance of the VCD overall was 37%. Among the 49 patients who did not
respond to intracavernous injection of vasoactive drugs, acceptance was
45%, clearly higher than among the 41 responders to the injections, only
27% of whom accepted the VCD. Isolated subcutaneous hematomas were the
only noteworthy complications observed with long-term therapy (up to 3
years). In cases of so-called venous leakage, the degree of venous
outflow disturbance limited the use of the VCD, even in combination with
self-injection therapy. The VCD is a successful alternative therapeutic
option for the treatment of organic erectile failure, with a lower primary
acceptance than corpus cavernosum self-injection therapy.

L28 ANSWER 7 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 2003368166 EMBASE

TI Therapies for neurologic ***erectile*** ***dysfunction*** .

L28 ANSWER 8 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 2003508277 EMBASE

TI Emerging therapies for female sexual dysfunction.

L28 ANSWER 9 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

AN 2003:573267 BIOSIS

TI ***Erectile*** ***dysfunction*** after radical prostatectomy and
its treatment.

L28 ANSWER 12 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

AN 2002422732 EMBASE

TI Current oral treatments for ***erectile*** ***dysfunction*** .

L28 ANSWER 15 OF 34 MEDLINE on STN DUPLICATE 2

AN 2001543272 MEDLINE

TI Prevention and management of ***erectile*** ***dysfunction***
following radical prostatectomy.

L28 ANSWER 16 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on
STN
AN 2001:377496 BIOSIS
TI The relationship of treatment choice and insurance coverage in
erectile ***dysfunction*** .

L28 ANSWER 17 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on
STN
AN 2001:377440 BIOSIS
TI Unusual cases of high-flow priapism.

L28 ANSWER 19 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2002134272 EMBASE
TI Comparative evaluation of treatments for ***erectile***
dysfunction in patients with prostate cancer after radical
retropubic prostatectomy.

L28 ANSWER 21 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on
STN DUPLICATE 3
AN 2000:125840 BIOSIS
TI Intraurethral application of alprostadil in patients with failed
inflatable penile prosthesis.

L28 ANSWER 22 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on
STN DUPLICATE 4
AN 2001:59253 BIOSIS
TI ***Erectile*** ***dysfunction*** following radical therapy for
prostate cancer.

L28 ANSWER 23 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2000049667 EMBASE
TI Economic cost of male ***erectile*** ***dysfunction*** using a
decision analytic model: For a hypothetical managed-care plan of 100 000
members.

L28 ANSWER 24 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN
AN 2000095381 EMBASE
TI [Topical therapy in ***erectile*** ***dysfunction***].
TOPISCHE THERAPIE BEI EREKTIONSSTORUNG.

L28 ANSWER 31 OF 34 MEDLINE on STN DUPLICATE 7
AN 97452784 MEDLINE
TI Sexual health for the man at midlife: in-office workup.

L28 ANSWER 34 OF 34 MEDLINE on STN
AN 96416120 MEDLINE
TI Epidemiology of current treatment for sexual dysfunction in spinal cord
injured men in the USA model spinal cord injury centers.

L28 ANSWER 11 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: ***2003:102566*** BIOSIS
DOCUMENT NUMBER: PREV200300102566

TITLE: **Erectile dysfunction:** Current concepts and future directions.
AUTHOR(S): Monga, M. [Reprint Author]; Rajasekaran, M.
CORPORATE SOURCE: Department of Urologic Surgery, University of Minnesota, 420 Delaware St. SE, Mayo Mailcode 394, Minneapolis, MN, 55455, USA
endourol@yahoo.com
SOURCE: Archives of Andrology, (January-February 2003) Vol. 49, No. 1, pp. 7-17. print.
ISSN: 0148-5016 (ISSN print).
DOCUMENT TYPE: Article
General Review; (Literature Review)
LANGUAGE: English
ENTRY DATE: Entered STN: 19 Feb 2003
Last Updated on STN: 19 Feb 2003
AB Major advances in science and medicine have led to improved understanding of the pathophysiology of **erectile dysfunction**. The development of reliable pharmacological therapy for **erectile dysfunction** has led to heightened awareness in the public and medical communities. This article reviews recent clinical advances and future research directions.

L28 ANSWER 33 OF 34 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: ***2001:572382*** BIOSIS
DOCUMENT NUMBER: PREV200100572382
TITLE: **Erectile dysfunction:** Update and options in primary care.
AUTHOR(S): Lewis, Ronald W. [Reprint author]
CORPORATE SOURCE: Department of Surgery/Urology, Medical College of Georgia, 1120 15th St, Room BA-8412, Augusta, GA, 30912-4050, USA
SOURCE: Southern Medical Journal, (September, 2001) Vol. 94, No. 9, pp. 888. print.
CODEN: SMJOAV. ISSN: 0038-4348.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Dec 2001
Last Updated on STN: 25 Feb 2002

L28 ANSWER 14 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: ***2002037661*** EMBASE
TITLE: [**Erectile dysfunction**].
DISFUNCAO ERETIL.
AUTHOR: Martins de Andrade E.F.; Messina L.E.; Alarcon G.; Claro J.D.M.; Srougi M.
CORPORATE SOURCE: E.F. Martins de Andrade, Disciplina de Urologia, Univ. Fed. SP - Escola Paulista Med., Sao Paulo, Brazil
SOURCE: Revista Brasileira de Medicina, (2001) 58/SPEC. ISS. (51-58).
Refs: 18
ISSN: 0034-7264 CODEN: RBMEAU
COUNTRY: Brazil
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 028 Urology and Nephrology
037 Drug Literature Index

LANGUAGE: Portuguese
SUMMARY LANGUAGE: English; Portuguese

AB In the introduction the authors presents epidemiological data of **erectile dysfunction** (ED), and following the clinical diagnosis of organic and psychogenic ED as the laboratorial diagnostic evaluation. The treatment is classified in general informations, drug by oral route (syldenaphil and analogs, iohimbin and phentolamine, apomorphine, trazodone and L-arginine), drugs by uretral route (alprostadil), intracavernous pharmacotherapy, **vacuum** pumps and **penile** prosthesis. The authors conclude that there have been a great evolution in ED physiopathology and treatment and that this condition is very common, and there are solutions to reestablish the patient' well being.

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ACCESSION NUMBER: ***2001167733*** EMBASE

TITLE: [The evolution of the treatment of the **erectile dysfunction**].

A CONSTANTE EVOLUCAO DO TRATAMENTO DA DISFUNCAO ERETIL.

AUTHOR: De Almeida Claro J.

CORPORATE SOURCE: Prof. J. De Almeida Claro, Urologia da Escola Paulista de Med., Universidade Federal de Sao Paulo, Sao Paulo, Brazil

SOURCE: Revista Brasileira de Medicina, (2001) 58/3 (144-148).

Refs: 4

ISSN: 0034-7264 CODEN: RBMEAU

COUNTRY: Brazil

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 028 Urology and Nephrology
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: Portuguese

SUMMARY LANGUAGE: English

AB In the early 1990s, it was clear that the so-called **penile** vascular surgeries had very poor results, comparable to placebo. Experimental procedures are currently considered because of that, although they should be restrictively conducted in universities and research centers. Therefore, only four treatment forms are available for **erectile dysfunctions** currently: oral medication, **vacuum**-pumping therapy, intracavernosal self-injection and **penile** prosthesis implantation. According to what we have seen previously, any of these therapies can treat male **impotence** of whatsoever etiology. The achievement of a full erection with assistance of a **vacuum** pump shows important advantages: it is promptly reversible and has practically no side effects. In general, the **vacuum**-pumping therapy leads to a 150% increase of the **penis** sagittal cut area. Several studies have proved that approximately 85% of **impotent** patients of various etiologies obtain a satisfactory erection by means of a **vacuum** pump. Probably the only disadvantage of this technique is that the erection does not last longer than 30 minutes, since it is considered a low arterial flow erection. Ever since Virag, in 1982, discovered that the papaverine intracavernosal injection could induce a full erection, the self-injection has no longer been regarded as an alternative treatment, and became the first therapeutical option for organic **impotence**. Currently, the use of isolated papaverine has been abolished because of its complication rates, like priapism and systemic effects. However, its

most frightening effect is corpora cavernosa fibrosis, which can occur even after a single injection. On the other hand, prostaglandin E1 has proved very effective, attaining success in 79% of the cases, regardless of their etiology. Additionally, thanks to its rapid intracavernosal metabolism, priapism occurrence is lower than 1%, and the onset of corpora cavernosa fibrosis caused by prostaglandin is not frequent. The PGE1 most important side effect is pain in the injection site, which occurs in up to 40% of patients. This pain, strongly intense, can last up to 3 hours after the injection, and is the main cause of treatment voluntary-cessation. With the objective of increasing self-injection success rates and reducing treatment costs, several drug combinations were developed. The most widely used today, known as tri-mix, or Goldstein solution (Boston University) is the combination of PGE1, phentolamine and papaverine. This combination of vasodilating substances and relaxants of the cavernosal smooth muscle has enabled the use of very small doses from each drug, attaining success rates higher than 95% for male **impotence** cases of any etiology, with practically no side effects. Priapism reported lower than 0,5% of the cases and there is almost no corpora cavernosa fibrosis. In addition to that, this combination does not cause **penile** pain. The world effective experience with **penile** implantation dates back to 30 years, with the advent of the first synthetic-material prosthesis, the acrylic resin, placed between the tunica albuginea and Buck's fascia. Currently two basic types of **penile** prosthesis are available: the semirigid and the inflatable. Success rates of **penile** implants are considerable, attaining 97% with the inflatable prosthesis and 98% with the semirigid. The improvement of both prosthesis and surgical techniques have enabled this procedure to be performed with local anesthesia; in outpatient clinics, with preservation of the intracavernosal vascularization, which led to maintenance of a residual erection in practically all patients. Additionally, the confirmation that this is the only effective surgical option for male **impotence** treatment has made **penile** prosthesis implants a quite attractive procedure for patients, with high rates of satisfaction.

L28 ANSWER 20 OF 34 EMBASE COPYRIGHT 2005 ELSEVIER INC. ALL RIGHTS RESERVED.
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ACCESSION NUMBER: ***1999352687*** EMBASE
TITLE: Male infertility and **erectile dysfunction** in spinal cord injury: A review.
AUTHOR: Monga M.; Bernie J.; Rajasekaran M.
CORPORATE SOURCE: Dr. M. Monga, Division of Urology (8897), California Univ. San Diego Med. Ctr., 200 W. Arbor Drive, San Diego, CA 92103-8897, United States
SOURCE: Archives of Physical Medicine and Rehabilitation, (1999) 80/10 (1331-1339).
Refs: 86
ISSN: 0003-9993 CODEN: APMHAI
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 019 Rehabilitation and Physical Medicine
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
AB Objective: To review the pathophysiology, evaluation, and management of

erectile dysfunction and infertility in spinal cord injury (SCI). Study Selections: Studies that covered various treatment options and their contraindications, complications, or side effects, including sildenafil (Viagra.RTM.), intracavernosal injection therapy, topical medications and a urethral delivery system, a **vacuum** erection device, and **penile** prostheses. Other studies covered the effects of SCI on reproduction: spermatogenesis and testicular function, and seminal constituents. In addition, assisted reproductive techniques were compared: external vibratory stimulation, electroejaculation, testicular sperm aspiration, and intracytoplasmic sperm injection. Conclusion: Goal-directed therapy is the mainstay of treatment of **erectile dysfunction** in men with or without SCI. The choice of therapy is often defined more by the needs of the patient's sexual relationship than by his **erectile dysfunction**. The majority of men with SCI are infertile because of a combination of ejaculatory **dysfunction**, impaired spermatogenesis, and poor semen quality. Although many technological advances have evolved to overcome ejaculatory **dysfunction**, the sperm density, motility, and function remain poor. Until these parameters are improved, men with SCI will have to pursue more financially and emotionally taxing procedures. Further studies to elucidate the cellular and molecular mechanisms of diminished sperm quality are needed. Addressing the issues of **erectile dysfunction** and male infertility may help to preserve the relationship between the patient and his partner.

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on STN

ACCESSION NUMBER: ***1998268339*** EMBASE
TITLE: [Medical treatment for **erectile dysfunction**].
DIE AMBULANTE BEHANDLUNG DER EREKTILEN DYSFUNKTION.
AUTHOR: Lehmann K.
CORPORATE SOURCE: Dr. K. Lehmann, Urologische Univ. Klin. beider Basel,
Kantonsspital, CH-4031 Basel, Switzerland
SOURCE: Therapeutische Umschau, (1998) 55/6 (365-371).
Refs: 7
ISSN: 0040-5930 CODEN: THUMAM
COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical
Instrumentation
028 Urology and Nephrology
037 Drug Literature Index
LANGUAGE: German
SUMMARY LANGUAGE: English; German

AB Intracavernous injection of vasodilating agents and **vacuum** constriction devices are the therapeutic alternatives in outpatients with secondary **erectile dysfunction** in Europe. The agents commonly used include papaverine, alprostadil and phentolamine, singly or in combination. Quality of **erectile** response has agent related characteristics and is dose-dependent. Optimal clinical response ranges from full response for adequate sexual performance to a duration exceeding patient's and partner's wishes. Therefore, the adequate response must be titrated for every patient individually. **Vacuum** erection devices are efficacious and well accepted from patients and their partners if they can accept the artificial aspect of this approach. **Vacuum** erection devices are not suitable for men in unstable relations. Injection therapy and **vacuum** device interfere with spontaneity. The medicated urethral system for

erection (MUSE) is a new approach to deliver alprostadil to the corpus cavernosum. The application is more user-friendly than with injections but response rates for adequate satisfactory sexual performance are lower than with intracavernous injections. Therefore indications may be limited to specific etiologies such as neurogenic **erectile dysfunction**. There is currently no efficient pill on the market although a wider range of therapies are used. Approval and introduction of new oral treatments like Sildenafil and others are awaited by patients and physicians. The availability of new and highly efficient treatment options does not simplify evaluation and treatment of patients with ED. In the contrary they request refinements in the diagnostic process for etiologic diagnosis with subsequently least invasive treatment and minimal side effects.

L28 ANSWER 27 OF 34 MEDLINE on STN
ACCESSION NUMBER: ***1999358152*** MEDLINE
DOCUMENT NUMBER: PubMed ID: 10429521
TITLE: **[Erectile dysfunction]**.
La disfunzione erettile.
AUTHOR: Isidori A; Aversa A; Fabbri A
CORPORATE SOURCE: Dipartimento di Fisiopatologia Medica, Universita La Sapienza, Roma.. isidori_ar@axrma.uniroma1.it
SOURCE: Recenti progressi in medicina, (1999 Jul-Aug) 90 (7-8) 396-402. Ref: 19
Journal code: 0401271. ISSN: 0034-1193.
PUB. COUNTRY: Italy
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: Italian
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199908
ENTRY DATE: Entered STN: 19990910
Last Updated on STN: 19990910
Entered Medline: 19990820

AB **Erectile dysfunction** (ED) is the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance. The disorder is age-associated, with estimated prevalence rates of 39% among men 40 years old and 67% among those 70 years old. ED is a common (2 to 3 million males in Italy) and multifactorial disease due to organic and/or psychological factors that strongly impair the quality of life in man. During the last decade many advances in the understanding of the pathophysiology of ED have been made and new therapeutic strategies have become available. It has been established that an insufficient production of nitric oxide by **penile** nerve terminals and/or vascular endothelium may result in an impaired erection or complete **impotence**. Nowadays, intracavernous injection of vasoactive drugs represents a standardised approach for the diagnosis and a treatment option for ED, but is not widely accepted by the patients. The possibility of treating ED with new oral agents (i.e. sildenafil, apomorphine, phentolamine) or intraurethral administration of prostaglandin-E1 made this therapy more acceptable. **Vacuum** erection devices and **penile** prostheses represent second-line treatments. Men with ED caused by endocrine disorders (i.e. hypogonadism, prolactinomas) should be treated appropriately (i.e. testosterone and dopaminergic agonists, respectively). Amongst new drugs, sildenafil is

considered the most promising: it is a potent inhibitor of type-5 phosphodiesterase in the corpus cavernosum and therefore increases the **penile** response to sexual stimulation. Oral sildenafil (25-100 mg when needed) is an effective and well-tolerated treatment in **impotent** men suffering from ED of unknown etiology.

L28 ANSWER 28 OF 34 MEDLINE on STN
ACCESSION NUMBER: ***96248072*** MEDLINE
DOCUMENT NUMBER: PubMed ID: 8702346
TITLE: [Erectile dysfunction: clinical course with intracavernous PGE1].
Disfuncion erectil: aspectos evolutivos con la PGE1 intracavernosa.
AUTHOR: Ruiz Rubio J L; Paez Borda A; Romero Cagigal R; Ruiz de Laroja J C; Sanchez Sanchez E; Fernandez Gonzalez I; Llorente Abarca C; Berenguer Sanchez A
CORPORATE SOURCE: Servicio de Urologia, Hospital Universitario de Getafe, Madrid, Espana.
SOURCE: Archivos espanoles de urologia, (1996 Apr) 49 (3) 253-6. Journal code: 0064757. ISSN: 0004-0614.
PUB. COUNTRY: Spain
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Spanish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199609
ENTRY DATE: Entered STN: 19960912
Last Updated on STN: 19960912
Entered Medline: 19960903
AB OBJECTIVES: The results achieved with PGE1 therapy in 66 patients with **erectile dysfunction** in our self-injection program are presented.
METHODS: Patients with severe conditions (cancer, infectious disease, renal and hepatic failure, etc.), psychological or hormonal disorders were discarded from the study. All patients were tested with PGE1, the dose was adjusted according to individual response, the patient was instructed how to inject the vasoactive drug and included in the self-injection program. Statistical analysis of the data was performed using the chi-square and the Student 't' test. RESULTS: The mean follow-up was 9.8 months (range 1-39). Twenty-five patients (37%) withdrew from the program. Six patients (9%) received another treatment due to pain or poor response. A **penile** prosthesis was implanted in five patients and one patient was treated with a **vacuum** erection device. Although not statistically significant, local pain was associated with a shorter follow-up. Prolonged erection was also observed but did not influence the length of follow-up. CONCLUSIONS: Local pain has been associated with a shorter follow-up. A small number of non-responders warranted another therapy.

File 350:Derwent WPIX 1963-2005/UD,UM &UP=200513
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File 347:JAPIO Nov 1976-2004/Oct(Updated 050208)
(c) 2005 JPO & JAPIO

Set	Items	Description
S1	32861	VACUUM() (ERECTION OR ERECTILE OR ERECTAL OR TUMESCEN?? OR - CONSTRUCT? OR THERAP? OR PUMP? ?) OR VED OR VCD OR ERECAID OR POST()T()VAC
S2	5940	(PDE()5 OR PDE5)()INHIBITOR? ? OR VASODILATOR? ? OR SILDEN- AFIL()CITRATE OR ALPROSTADIL OR APOMORPHINE OR VIAGRA
S3	7698	MEDICATION?
S4	91320	DRUG? ?
S5	146035	PHARMACEUTICAL? ?
S6	198	PHARMACOTHERAP?
S7	1279	(ERECTION OR ERECTAL OR ERECTILE)() (DYSFUNCTION??? OR DISF- UNCTION??? OR ENHANCEMENT? ?) OR (PENIS OR PENILE) (2N)ATHEROS- CLEROSIS
S8	1499	IMPOTENT OR IMPOTENCE
S9	1	S1 AND S2:S6 AND S7:S8
S10	397041	VACUUM
S11	4736	S2:S6 AND S10
S12	43	S7:S8 AND S11
S13	5	S10(S)S2:S6 AND S12
S14	5	S13 NOT S9
S15	209	S1 AND S2:S6
S16	76465	ERECT???? OR PENILE OR PENIS
S17	2	S15 AND S16
S18	1	S17 NOT (S9 OR S13)
S19	15	S2 AND S12
S20	11	S19 NOT (S9 OR S13 OR S17)
S21	79	S15/TI
S22	7	S1/TI AND (S2/TI OR S3/TI OR S4/TI OR S5/TI OR S6/TI)
S23	7	S22 NOT (S9 OR S13 OR S17 OR S19) [not relevant]

9/7,K/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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010998895 **Image available**

WPI Acc No: 1996-495844/199649

**Erectile dysfunction treatment procedure and apparatus - performing
electrophoresis along sides of penis, combined with vacuum application**

Patent Assignee: CHUGUNOV V V (CHUG-I)

Inventor: CHUGUNOV V V; KRISHTAL V V; TONDII L D

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
RU 2055568	C1	19960310	SU 5049558	A	19920624	199649 B

Priority Applications (No Type Date): SU 5049558 A 19920624

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
RU 2055568	C1		10	A61H-009/00	

Abstract (Basic): RU 2055568 C

The procedure consists of performing sessions of intermittent

vacuum treatment of the **penis** and electrophoretic application of medicinal substances. The electrophoresis is carried out along the sides of the **penis** along its whole length at the same time as the **vacuum** treatment is started.

The electrophoretic treatment consists of alternating applications of ganglio-blocking and vessel-dilating substances daily or on alternative days, and uses a current which is reduced gradually during the treatment from the threshold of sensitivity of the non-erect **penis** to the threshold of sensitivity of the erect **penis**, and the duration of the treatment increases with each successive session.

The treatment apparatus comprises a micro-**vacuum** chamber (3) in the form of a cylinder of a transparent material, closed at one end, with an outlet connected by a tube to a **vacuum pump**, and a **vacuum-meter**. It has an outlet tube linked to the atmosphere and two electrodes (1) in the form of plates of adjustable length, with a fixing ring (12) at their free ends.

ADVANTAGE - Improved treatment process, with increased stimulation of receptor fields and penetration of **medication**. Bul. 7/10.3.96

Dwg.1/3

Derwent Class: P32; P33; P34; S05

International Patent Class (Main): A61H-009/00

International Patent Class (Additional): A61F-005/41; A61N-001/30

14/26, TI/1 (Item 1 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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016766147

WPI Acc No: 2005-090423/200510

Treatment of brain disorder, vascular disorders, **erectile dysfunction** involves administration of **pharmaceutical** composition comprising phosphodiesterase **inhibitor** and 1-deprenyl or propargylamine compounds

14/26, TI/2 (Item 2 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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016477202

WPI Acc No: 2004-635145/200461

New solid form of **sildenafil citrate** useful to treat e.g. mammalian sexual disorders, benign prostatic hyperplasia, hypertension, congestive heart failure, glaucoma and **atherosclerosis**

14/26, TI/3 (Item 3 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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015479309

WPI Acc No: 2003-541456/200351

Pharmaceutical product used for treating prostate cancer comprises 4'-cyano-alpha, alpha, alpha-trifluoro-3-(4-fluorophenylsulfonyl)-2-hydroxy-2-methylpropiono-meta-toluidine in solid dispersion containing polyvinyl pyrrolidone

14/26,TI/4 (Item 4 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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013773463
WPI Acc No: 2001-257674/200126
Extracts of Pueraria mirifica, Butea superba and/or Mucuna collettii are useful in skin care, breast care and treatment of e.g. prostate hyperplasia, hypercholesterolemia and arteriosclerosis and **erectile dysfunction**

14/26,TI/5 (Item 5 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2005 Thomson Derwent. All rts. reserv.

013319170
WPI Acc No: 2000-491109/200043
Novel dosage units comprising a water-soluble hydrocolloid mucosal surface-coat-forming film, useful for the delivery of a **therapeutic** agent, a dietary supplement or a hygiene aid

18/7,K/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2005 Thomson Derwent. All rts. reserv.

013981241 **Image available**
WPI Acc No: 2001-465455/200150
Penis erection stabiliser consists of two concentric flexible rings fitted at base of **penis**

Patent Assignee: WULF L G (WULF-I)
Inventor: WULF L G
Number of Countries: 093 Number of Patents: 003
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200154637	A1	20010802	WO 2001US3008	A	20010130	200150 B
US 6319194	B1	20011120	US 2000494460	A	20000131	200174
AU 200131240	A	20010807	AU 200131240	A	20010130	200174

Priority Applications (No Type Date): US 2000494460 A 20000131

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

WO 200154637 A1 E 18 A61F-005/00

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY CA CH
CN CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE
KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO
RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW

Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR
IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZW

US 6319194 B1 A61F-005/00

AU 200131240 A A61F-005/00 Based on patent WO 200154637

Abstract (Basic): WO 200154637 A1

NOVELTY - The stabiliser consists of outer (14) and inner (12)

stretchable rings, with a sheath (16) connected between them, and applies harmless pressure around the base of the **penis** (20).

USE - To help maintain a fuller, harder **erection** for a longer period of time.

ADVANTAGE - Easy to create liquid hydraulic pressure and force within the shaft of the **penis** **erectile** tissue. No **drugs**, needle injections in the side of the **penis** or use of a clumsy **vacuum pump** are required.

DESCRIPTION OF DRAWING(S) - The drawing shows a side view of the **erection** stabiliser mounted on the base of the **penis** prior to sexual intercourse.

Inner Stretchable Ring (12)

Outer Stretchable Ring (14)

Sheath (16)

Penis (20)

pp; 18 DwgNo 4/7

Derwent Class: P32

International Patent Class (Main): A61F-005/00

20/26, TI/1 (Item 1 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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015841435

WPI Acc No: 2003-903639/200382

New 7-aryl-3,9-diazabicyclo(3.3.1)non-6-ene derivatives useful for treating e.g. cardiovascular and renal diseases hypertension, congestive heart failure and **atherosclerosis**

20/26, TI/2 (Item 2 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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015320586

WPI Acc No: 2003-381521/200336

Preparation of fast dissolving dosage form e.g. tablet involves compressing blend containing **pharmaceutical** active ingredient and effervescent mixture (containing acid source and base) and subjecting tablet to moisture activation

20/26, TI/3 (Item 3 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014573421

WPI Acc No: 2002-394125/200242

New xanthine derivatives are phosphodiesterase V **inhibitors** used for treating e.g. urogenital disorders, hypertension, diabetes and cerebral stroke

20/26, TI/4 (Item 4 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014494651

WPI Acc No: 2002-315354/200235

New pyrrolotriazolopyrimidinone derivatives are phosphodiesterase 5 inhibitors used for treating e.g. angina, hypertension, glaucoma, stroke and **atherosclerosis**

20/26, TI/5 (Item 5 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014394838

WPI Acc No: 2002-215541/200227

New nitramine-linked azoles useful as energetic materials e.g. as high energy oxidizing agents in explosive compositions, propellant formulations and gas generating compositions

20/26, TI/6 (Item 6 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014051181

WPI Acc No: 2001-535394/200159

New tricyclic nitrogen-containing compounds useful for treating e.g. anxiolytic disorder

20/26, TI/7 (Item 7 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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013797746

WPI Acc No: 2001-281958/200129

New anhydrous para-toluenesulfonic acid salt of
3-ethyl-5-(5-(4-ethylpiperazin-1-ylsulfonyl)-2-(2-methoxyethoxy)pyridin-3-yl)-2-(pyridin-2-yl)methyl-2,6-dihydro-7H-pyrazolo
(4,3-d)pyrimidin-7-one.

20/26, TI/8 (Item 8 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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013169833

WPI Acc No: 2000-341706/200030

Preparation of **sildenafil** comprises e.g. reacting mixed anhydride of 2-ethoxybenzoic acid with propylpyrazole-5-carboxamide compound in presence of triethylamine and N-methylmorpholine, useful for treating male **erectile dysfunction**

20/26, TI/9 (Item 9 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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013101653

WPI Acc No: 2000-273524/200024

Preparation of pyrazolo(4,3-d)pyrimidin-7-ones including sildenafil (i.e. **Viagra**) comprises reacting new pyrazole-carboxamide derivatives with e.g. an alkoxide

20/26, TI/10 (Item 10 from file: 350)
DIALOG(R) File 350: Derwent WPIX
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013011992

WPI Acc No: 2000-183843/200017

New

3-(4-amino-5-ethyl-2-pyrimidinyl)-1-(2-fluorobenzyl)-1H-pyrazolo(3,4-b)pyridine useful as a **vasodilator**, platelet aggregation **inhibitor** and hypotensive e.g. for treating cardiovascular diseases

20/26, TI/11 (Item 11 from file: 350)
DIALOG(R) File 350: Derwent WPIX
(c) 2005 Thomson Derwent. All rts. reserv.

012944662

WPI Acc No: 2000-116515/200010

New oxacycloalkoxy substituted benzamide derivatives useful as phosphodiesterase **inhibitors** in treatment of e.g. respiratory, dermatological, inflammatory and CNS disorders

Serial 10/645869

March 1, 2005

File 350:Derwent WPIX 1963-2005/UD,UM &UP=200513

Set	Items	Description
S1	19151	VACUUM() (ERECTION OR ERECTILE OR ERECTAL OR TUMESCEN?? OR - CONSTRUCT? OR THERAP? OR PUMP? ?) OR VED OR VCD OR ERECAID OR POST()T()VAC
S2	5150	(PDE()5 OR PDE5)()INHIBITOR? ? OR VASODILATOR? ? OR SILDEN- AFIL()CITRATE OR ALPROSTADIL OR APOMORPHINE OR VIAGRA
S3	7258	MEDICATION?
S4	75368	DRUG? ?
S5	121950	PHARMACEUTICAL? ?
S6	183	PHARMACOTHERAP?
S7	11	(ERECTILE OR ERECTAL OR ERECTION)() (D?SFUNCTION? OR ENHANC- ?) OR (PENIS OR PENILE) (1N)ATHEROSCLEROSIS
S8	1449	IMPOTENCE OR IMPOTENT
S9	488	IC=A61F-005/41
S10	3594	IC=(A61H-009? OR A61N-001/30)
S11	21	S2:S6 AND S9
S12	238930	VACUUM
S13	2	S11 AND S12
S14	19	S11 NOT S13
S15	828	(S2:S6 AND S10) NOT S11
S16	238930	VACUUM
S17	15	S15 AND S16

13/26/1

13/7/1

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

010998896 **Image available**

WPI Acc No: 1996-495845/199649

**Premature ejaculation syndrome treatment procedure and apparatus -
introducing medicinal substances by electrophoresis along top and sides
of penis combined with vacuum application**

Patent Assignee: CHUGUNOV V V (CHUG-I)

Inventor: CHUGUNOV V V; KRISHTAL V V; TONDII L D

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
RU 2055569	C1	19960310	SU 5049559	A	19920624	199649 B

Priority Applications (No Type Date): SU 5049559 A 19920624

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

RU 2055569 C1 9 A61H-009/00

Abstract (Basic): RU 2055569 C

The procedure consists of performing sessions of intermittent **vacuum** application combines with electrophoretic introduction of **medication** along the top and sides of the penis, alternating anaesthetising preparations with galvanisation of the organ daily or on alternate days. The electrophoresis is carried out with a current strength reduces which gradually during the treatment procedure from the threshold of sensitivity of the non-erect penis to the threshold of sensitivity of the erect penis, with the duration of treatment increasing with each session.

Serial 10/645869

March 1, 2005

The treatment procedure uses a mini- **vacuum** chamber (4) in the form of a cylinder closed at one end, connected to a **vacuum** source and containing electrodes linked to conducting wires (13). The electrodes are equipped with two fixing rings of a slightly stretchable material.

ADVANTAGE - Simpler and more effective treatment with greater safety. Bul. 7/10.3.96

Dwg.2/3

Derwent Class: P32; P33; P34; S05

International Patent Class (Main): A61H-009/00

International Patent Class (Additional): A61F-005/41 ; A61N-001/30

14/26/7

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

012965091 **Image available**

WPI Acc No: 2000-136942/200012

Delivery device for treating erectile dysfunction in a patient

14/7/3

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

015966564 **Image available**

WPI Acc No: 2004-124405/200413

Device used for delivering liquid **medication** , nutrients or gas to tubular body tissue comprises delivery member having flexible wall to permit inflation and pressurized retention of **medication** , nutrients or gas and openings in wall

Patent Assignee: JOHNSON L L (JOHN-I)

Inventor: JOHNSON L L

Number of Countries: 032 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1356846	A1	20031029	EP 2003450070	A	20030318	200413 B
US 20030204167	A1	20031030	US 2002131062	A	20020424	200414

Priority Applications (No Type Date): US 2002131062 A 20020424

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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EP 1356846	A1	E	10	A61M-035/00	
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Designated States (Regional): AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR

US 20030204167	A1			A61M-029/00	
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Abstract (Basic): EP 1356846 A1

NOVELTY - Device comprises a delivery member (16) formed to surround tubular tissue (10). The member has a flexible wall to permit inflation and pressurized retention of **medication** , nutrients or gas introduced within the member. Openings (17) in the wall contact the tissue when the member is pressurized.

USE - Used for delivering liquid **medications** , nutrients or gases to local tissue e.g. nerve, artery, vein or bowel, by pressure perfusion.

DESCRIPTION OF DRAWING(S) - The drawing shows a device used for

Serial 10/645869

March 1, 2005

delivering liquid medication .

Tubular tissue (10)

Temporary constriction devices (12)

Target area (14)

Cylindrical member (16)

Small openings (17)

Inlet tube (18)

Container (20)

pp; 10 DwgNo 1/4

Derwent Class: B07; P32; P34

International Patent Class (Main): A61M-029/00; A61M-035/00

International Patent Class (Additional): A61F-005/41 ; A61M-037/00

14/7/5

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

013214146 **Image available**

WPI Acc No: 2000-386020/200033

Method for treating the cases of impotency

Patent Assignee: POLYAKOV V M (POLY-I)

Inventor: POLYAKOV V M

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
RU 2135124	C1	19990827	RU 95104778	A	19950403	200033 B

Priority Applications (No Type Date): RU 95104778 A 19950403

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
RU 2135124	C1		A61F-005/41	

Abstract (Basic): RU 2135124 C1

NOVELTY - Method involves placing penis into a flask where pressure drop to 0.3-0.6 atm is created. Solution containing one or several **drugs** is introduced into the flask. The solution temperature is equal to 36-42 C. Exposure time is 5-12 min. The procedure is applied 5-10 times daily or each second day.

USE - Medicine.

ADVANTAGE - Improved clinical effectiveness also in aged patients.

pp; 0 DwgNo 1/1

Derwent Class: P32

International Patent Class (Main): A61F-005/41

14/7/18

DIALOG(R)File 350:Derwent WPIX

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007962575

WPI Acc No: 1989-227687/198932

Appts. for injection of serum and/or vaso-active drugs - has peristaltic pump, attenuation chamber, rotameter, manometer, solenoid valve, remote control, etc

Patent Assignee: DE QUEIROZ R L (DQUE-I)

ASRC Searcher: Jeanne Horrigan
Serial 10/645869
March 1, 2005

93

Inventor: QUEIROZ R L
Number of Countries: 001 Number of Patents: 001
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
BR 8706655	A	19890704	BR 876655	A	19871117	198932 B

Priority Applications (No Type Date): BR 876655 A 19871117

Abstract (Basic): BR 8706655 A

The appts., for providing a continuous and controlled flow of serum and/or vaso-active or vaso-dilator **drugs** into the artery supplying the **penis** in order to obtain an artificial **erection**, consists of a serum tank, flow tube, remote control, peristaltic **pump**, attenuation chamber to eliminate pulsations, rotameter, solenoid valve and a manometer.

Derwent Class: B07; P32

International Patent Class (Additional): A61F-005/41

17/26/12

DIALOG(R) File 350:Derwent WPIX

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012291349 **Image available**

WPI Acc No: 1999-097455/199909

Blood supply promoting device - has housing with hole at one or both ends which enclose body or part of body to be treated and with connection to **vacuum** pump

diminished with **vacuum** therapy . Self-injection resulted in acute minor complications (3 ecchymoses and 1 prolonged erection requiring intervention) and 1 chronic complication (corporeal fibrosis with mild curvature). Conclusions: The adverse effects of **vacuum** therapy and intracavernous self-injection in patients on warfarin do not exceed the rate in the general urological population. These therapies appear to be safe in patients receiving warfarin.

Tags: Comparative Study; Male

Descriptors: *Anticoagulants--adverse effects--AE; * **Impotence** , Vasculogenic--therapy--TH; *Patient Satisfaction; *Warfarin --adverse effects--AE; Alprostadil--administration and dosage--AD; Cross-Over Studies ; Humans; Papaverine--administration and dosage--AD; Phentolamine --administration and dosage--AD; Prospective Studies; Questionnaires; Safety; Self Administration; **Vacuum**; Vasodilator Agents--administration and dosage--AD

CAS Registry No.: 0 (Anticoagulants); 0 (Vasodilator Agents); 50-60-2 (Phentolamine); 58-74-2 (Papaverine); 745-65-3 (Alprostadil); 81-81-2 (Warfarin)

Record Date Created: 19960628

Record Date Completed: 19960628

8/9/11

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 The Dialog Corp. All rts. reserv.

11263919 PMID: 8589742

[External devices: for which patients?]

Dispositivi esterni: a quali pazienti proprii?

Bellorofonte C; Dell'Acqua S; Mastromarino G; Tombolini P; Ruoppolo M; Zaatar C

Servizio di Urologia, Istituto Pio Albergo Trivulzio, Milano.

Archivio italiano di urologia, andrologia - organo ufficiale di Societa italiana di ecografia urologica e nefrologica / Associazione ricerche in urologia (ITALY) Dec 1995, 67 (5) p293-8, ISSN 1124-3562

Journal Code: 9308247

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: ITALIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Vacuum therapy is a reversible, non-invasive form of treatment for partial **impotence** , with great success in USA. The story of **vacuum** therapy begins about 1960, when Osbon developed a **vacuum** tumescence device which he personally used for more than 20 years. The device was made commercially available many years ago and has been marketed under several names. The newer systems have incorporated a negative pressure pump to achieve **vacuum**. Osbon's system was patented in 1983, sale is permitted by the U.S. Food and Drug Administration, and it is available by prescription only. More than 10,000 units have been sold. There are four different types of **vacuum** therapy : 1) loading cone + constriction band; 2) external splint + negative pressure; 3) Negative pressure + constriction band; 4) **Negative pressure + intracavernous injections**, without the use of constriction band. Each basic system will be described. The authors make a comparison between the use of negative pressure devices plus tension band

[Vacuum therapy]

Vacuum terapia.

Colombo F; Cogni M; Deiana G; Mastromarino G; Vecchio D; Patelli E;
Austoni E

Istituto di Urologia, Universita di Milano.

Archivio italiano di urologia, nefrologia, andrologia - organo ufficiale
dell'Associazione per la ricerca in urologia = Urological, nephrological,
and andrological sciences (ITALY) Sep 1992, 64 (3) p267-9, ISSN
1120-8538 Journal Code: 8809080

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: ITALIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

In the therapy of vasculogenic impotence, the Vacuum Device has been proposed up to now as an "external" prosthesis device with the aim of obtaining a penile erection of sufficient rigidity for penetration, in patients afflicted by vascular or neurological disorders. In the eighties, the experience gained with the use of Intra Cavernous Injections (C.I.D.) (using papaverine, phentolamine and prostaglandin), demonstrated not to be an exclusively palliative therapy ("pharmacological prosthesis"), but to represent as well a sort of "vasoactive exercise" of the erectile tissue. In the nineties, many wondered what could be a valid alternative to the C.I.D. Taking this into consideration, we modified the method of application of Vacuum Therapy. The device was used once a day without the constrictive band applied to the penis root, in order to generate a passive action on the erectile tissue, a sort of "stretching" for the smooth muscle fibers. From January 1990 to December 1991, we treated 78 pts. afflicted by erectile failure. The patients were divided into 3 groups (26 each) of distinct therapy: the first was treated weekly with only endocavernous papaverine administration (20 mg.), the second underwent daily Vacuum Therapy exclusively (10'-15') and the third received a combined therapy: Vacuum Device, daily and C.I.D. with Papaverine (20 mg.) once a week. The results of this treatment are as follows: the patients who underwent Vacuum Therapy daily (2nd and 3rd groups) showed, at the end of the treatment (6 months), a significant improvement in spontaneous erectile ability (14 Pts.-53.8% in the 2nd group; 17 Pts-65.3% in the 3rd group). (ABSTRACT TRUNCATED AT 250 WORDS)

Tags: Male

Descriptors: *Impotence --therapy--TH; Humans; Vacuum

Record Date Created: 19921209

Record Date Completed: 19921209

8/9/15

DIALOG(R) File 155:MEDLINE(R)

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09765309 PMID: 1580313

Treatment of diabetic impotence with a vacuum device: efficacy and effects on psychological status.

Arauz-Pacheco C; Basco M; Ramirez L C; Pita J M; Pruneda L; Raskin P
Department of Internal Medicine, University of Texas Southwestern Medical Center, Dallas 75235-8858.

American journal of the medical sciences (UNITED STATES) May 1992, 303

Serial 10/645869

March 1, 2005

25/6/63 (Item 63 from file: 5)

0013850557 BIOSIS NO.: 200200444068

Erectile function is preserved after non-nerve sparing radical
prostatectomy through sural nerve interposition grafting
2002

25/7/1 (Item 1 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 The Dialog Corp. All rts. reserv.

08376555 PMID: 3172371

The use of a vacuum constrictor device to augment a partial erection following an intracavernous injection.

Marmar J L; DeBenedictis T J; Praiss D E

Robert Wood Johnson Medical School, Camden, New Jersey.

Journal of urology (UNITED STATES) Nov 1988, 140 (5) p975-9, ISSN

0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

~~Intracavernous injections and vacuum constrictor devices have been used for the nonoperative management of impotence and sexual dysfunction. Although most men are able to use these methods successfully, it currently is well known that up to 30 to 35 per cent of the patients may have only a partial response to the injections. We observed 22 men with partial tumescence after an intracavernous injection of papaverine (15 to 30 mg.) and phentolamine (0.5 to 1.0 mg.). The penis was not rigid and the buckling pressures never exceeded 50 mm. Hg after 20 minutes of observation. In each case we immediately applied a vacuum constrictor device because these devices had been used successfully by other men with similar diagnoses. A total of 21 men responded within 30 to 60 seconds and achieved a rigid erection with buckling pressures of greater than 100 mm. Hg (16) and 60 mm. Hg (5). These findings indicate that a vacuum constrictor device may be used to augment a partial response to an intracavernous injection and that the availability of injections and vacuum constrictor devices provides these men with a more complete nonoperative program.~~

Record Date Created: 19881117

Record Date Completed: 19881117

25/7/2 (Item 2 from file: 5)

DIALOG(R) File 5:BIOSIS Previews(R)

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0006856863 BIOSIS NO.: 199038034754

IMPOTENCE

AUTHOR: KRANE R J (Reprint); GOLDSTEIN I; DE TEJADA I S

AUTHOR ADDRESS: DEP UROL, UNIVERSITY MED CENT, 720 HARRISON AVE, P 606 ,

BOSTON, MASS 02118, USA**USA

JOURNAL: New England Journal of Medicine 321 (24): p1648-1659 1989

ISSN: 0028-4793

DOCUMENT TYPE: Article

RECORD TYPE: Citation

the treatment of **erectile dysfunction**. Patients and methods: A total of 67 patients were treated with **vacuum constriction** devices. The **impotence** was of organic origin in 36 men (54%) while in the remaining 31 (46%) it was of mixed aetiology (organic and psychological factors). Forty-seven patients continued to use the device at home for the duration of the practice period. Results: All 67 patients underwent a **vacuum** test which resulted in nearly half of them achieving an **erection** sufficient for intercourse. Adequate **erections** were achieved in 34 of 47 (72%) patients who used the device at home during the practice period. In the group of patients with organic **impotence** (venous leakage), rigidity was better and the frequency of intercourse higher than in patients with diabetes and in those with neurogenic disorders. Conclusion: These findings support further the role for **vacuum** devices for the treatment of **erectile dysfunction** in carefully selected patients.

25/7/17 (Item 17 from file: 144)
DIALOG(R) File 144:Pascal
(c) 2005 INIST/CNRS. All rts. reserv.

11478132 PASCAL No.: 94-0315839

Prospective comparison of topical minoxidil to vacuum constriction device and intracorporeal paraverine injection in treatment of erectile dysfunction due to spinal cord injury. Commentary

CHANCELLOR M B; RIVAS D A; PANZER D E; FREEDMAN M K; STAAS W E JR;
MONTAGUE D K

Jefferson medical coll., dep. urology, Philadelphia PA, USA

Journal: Urology : (Ridgewood, NJ), 1994, 43 (3) 365-369

ISSN: 0090-4295 CODEN: URGYAZ Availability: INIST-15471;
354000049658110150

No. of Refs.: 26 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: USA

Language: English

Objective. To compare the effectiveness of topically applied 2% minoxidil to that of intracorporeal injection **therapy** and **vacuum constriction** devices for the treatment of **erectile dysfunction** in the spinal cord injured (SCI) male. Methods. Eighteen SCI men, aged nineteen to sixty-five years (median age, 29), and level of injury C7 to L3 (15 thoracic level) were prospectively evaluated. All patients were able to achieve only a poorly sustained reflex **erection** that was inadequate for satisfactory intercourse. No patient had suffered **erectile dysfunction** prior to his SCI. In each patient, 1 mL of a 2% minoxidil solution was applied as an aerosol spray to the glans **penis**

25/7/20 (Item 20 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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11263947 PMID: 8588728

Vacuum constriction device and topical minoxidil for management of impotence .

Cecchi M; Sepich C A; Felipetto R; Vigano L; Pagni G; Minervini R;
Fiorentini L

Urologic Clinic University of Pisa, Italy.

ASRC Searcher: Jeanne Horrigan
Serial 10/645869
March 1, 2005

22

Archivos espanoles de urologia (SPAIN) Dec 1995, 48 (10) p1058-9,
ISSN 0004-0614 Journal Code: 0064757

Publishing Model Print

Document type: Clinical Trial; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

OBJECTIVE: We report our preliminary experience with a vacuum constriction device and topical minoxidil for the management of impotence. METHODS: We evaluated 18 patients, 8 with neurogenic and 10 with psychogenic impotence with a vacuum constriction device and topical minoxidil (1 ml 2% solution). RESULTS AND CONCLUSIONS: All patients responded to treatment but 100 cases refused home use because of psychological impact. Twelve patients did not need the application of the constrictive ring because of the erection facilitation effect of minoxidil. No side effects were observed. In our opinion the association of the vacuum constriction device with topical minoxidil might be useful in the treatment of impotence; however, several factors must be evaluated in selecting patients. Application of minoxidil before vacuum constriction device might be useful to reduce the time of device application, to increase the efficacy of the device and in some cases to avoid the use of the constrictive ring.

Record Date Created: 19960325

Record Date Completed: 19960325

25/7/22 (Item 22 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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10908280 PMID: 7897934

[A study on the erectile response with the vacuum constriction device compared with intracavernous injection of a vasoactive drug]

Wada H; Sato Y; Suzuki N; Horita H; Shibuya A; Adachi H; Tsukamoto T; Kumamoto Y; Tanda H

Department of Urology, Sapporo Medical University.

Nippon Hinyokika Gakkai zasshi. The Japanese journal of urology (JAPAN)
Feb 1995, 86 (2) p321-4, ISSN 0021-5287 Journal Code: 2984841R

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: JAPANESE

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Many types of vacuum constriction devices (VCDs) are used for the treatment of impotence, but the VCDs made in the USA are too large for Japanese males, and air leakage occurs. Therefore, we examined the erectile response of 47 impotent men to a vacuum constriction device that is made in Japan and can be applied suitably for Japanese men, and compared the response to intracavernous injection of prostaglandin E1 (PGE1). When the 47 cases were divided into two groups by nocturnal penile tumescence, twenty of the impotent men were regarded to have fewer organic factor (group A) while 27 were regarded to have more organic factor (group B). All (100%) of the 20 cases of group A achieved a complete erection with the VCD, but only 11 (55%) of them achieved a complete erection with PGE1. Twenty-three (85%) of the 27 cases of group B achieved a complete erection with the VCD, but only nine (33%) achieved a complete erection with PGE1.

Main Citation Owner: NLM

Record type: MEDLINE; Completed

A retrospective survey was conducted to assess the use, efficacy and acceptance of the **Vacuum Erection Device (VED)** among 60 **impotent** men not satisfied with intracavernosal injection **therapy**. Forty three (72%) men filled out the questionnaires. Thirty nine (81%) of the men abandoned the device, the main reason being that 'it did not work'. One possible explanation for this was patient selection, testing the **VED** on men who had previously found injection **therapy** unsatisfactory. Patients' attitudes to the device were unfavourable overall. Sixty four percent of men had at least one minor side effect using the **VED**, the most common being discomfort. The role of the partner for men using this form of treatment is unresolved. In this study, the **VED** was no more effective than injections in overcoming **erectile dysfunction**, but the relative advantages of either treatment needs to be addressed in controlled clinical trials.

Record Date Created: 19970328

Record Date Completed: 19970328

25/7/28 (Item 28 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11338334 PMID: 8647152

Intraurethral prostaglandin improves quality of vacuum erection therapy.

John H; Lehmann K; Hauri D

Urologic Clinic, University Hospital Zurich, Switzerland.

European urology (SWITZERLAND) 1996, 29 (2) p224-6, ISSN 0302-2838

Journal Code: 7512719

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

OBJECTIVE: The aim of this study was to investigate whether intraurethral prostaglandin E1 (PGE1) improves **vacuum**-induced **penile** rigidity. **METHODS:** Nineteen patients with a mean age of 55 years (range 30-66 years) complaining of **erectile dysfunction** for 24 months (range 3-156 months) were investigated. The **penile** diameter was measured and a mark was made 50 mm proximal of the coronary sulcus on the flaccid **penis**. Twenty micrograms of liquid PGE1 (pH 4.5; 308 mosm/l) were instilled intraurethrally; thereafter the meatus was occluded for 10 min. **Penile** diameter and increase in length of the initially 50-mm line were measured with both pure **vacuum**-induced **erection** as well as combined with PGE1. **RESULTS:** The **vacuum erection** device alone lengthened the distance by 26 mm (range 18-64 mm) and the diameter by 4 mm (range 2-10 mm). Combined with PGE1, 36 mm (range 27-70 mm; p = 0.016) and 7 mm (range 2-11 mm; p = 0.04) were found, respectively. **CONCLUSION:** We conclude that PGE1 significantly increases **vacuum**-induced **tumescence**. Optimized pharmacological preparations for intraurethral application are a new way to further improve **vacuum**-assisted **erection**.

Record Date Created: 19960725

Record Date Completed: 19960725

These agents promote **erection** by causing smooth muscle to relax. The intracavernosal administration of vasoactive agents is now used in diagnosis and in **therapy**. Standard approaches to diagnosis and **therapy** still vary, but more rational steps are evolving. Considerable progress has been made in quantifying **penile** blood flow. Increasingly effective **therapies** are available for an estimated 10 million American men suffering from **erectile dysfunction**. **Therapies** include the use of **drugs**, administering vasoactive agents intracavernosally, **vacuum constrictor** devices, and vascular interventions in highly selected cases of arterial or venous disease. These procedures are being carefully reevaluated. Critical analysis of recent results suggests that about 7% of men are amenable to vascular interventions, with success rates approximating 70% when supplemental **therapy** is used. (48 Refs.)

Record Date Created: 19960917

Record Date Completed: 19960917

36/7/13 (Item 13 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2005 Inst for Sci Info. All rts. reserv.

06155016 Genuine Article#: XY628 Number of References: 70
Title: Diagnosis and **therapy** of **erectile dysfunction**
Author(s): Godschalk MF (REPRINT) ; Sison A; Mulligan T
Corporate Source: VET ADM MED CTR, 1201 BROAD ROCK BLVD/RICHMOND//VA/23249
(REPRINT); VIRGINIA COMMONWEALTH UNIV, MED COLL
VIRGINIA/RICHMOND//VA/23298
Journal: **DRUGS OF TODAY**, 1997, V33, N7 (SEP), P475-483
ISSN: 0025-7656 Publication date: 19970900
Publisher: J R PROUS SA, APARTADO DE CORREOS 540, PROVENZA 388, 08025
BARCELONA, SPAIN

Language: English Document Type: ARTICLE

Abstract: **Erectile dysfunction** (ED) is a common problem in men as they age. Unfortunately, it is frequently not addressed by health care providers, ED may be due to vascular disease, autonomic **dysfunction**, **medication** side effects or psychological factors. The evaluation is straightforward and the etiology can be easily determined in most patients. Treatment options include **vacuum constriction** devices, injection of vasoactive **drugs**, intraurethral vasoactive **drugs** and surgery. Patient and spouse satisfaction with treatment is high.

36/7/14 (Item 14 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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11810937 PMID: 9066099
External vacuum therapy for erectile dysfunction : use and results.
Lewis R W; Witherington R
Section of Urology, Medical College of Georgia, Augusta 30912-4050, USA.
World journal of urology (GERMANY) 1997, 15 (1) p78-82, ISSN
0724-4983 Journal Code: 8307716
Publishing Model Print
Document type: Journal Article; Review; Review, Tutorial
Languages: ENGLISH
Main Citation Owner: NLM

Record type: MEDLINE; Completed

This review assesses the continuing role of noninvasive **vacuum therapy** as treatment for **erectile dysfunction** and discusses the action of negative pressure in producing assisted **erection**. Through recent research in this area has centered on the development of **pharmaceutical therapies**, **vacuum - therapy** programs appear to be a consistent long-term option for patients experiencing either chronic or occasional **impotence** of any etiology. Very little testing is required before the initiation of **vacuum** treatment, and the overall; clinical success rate is approximately 90%. Significant success has been reported in more difficult patient populations, including those with veno-occlusive disorders and explanted **penile prostheses**. **Vacuum therapy may also be used in conjunction with other therapies to enhance results**. Contraindications to the use of **vacuum therapy** are few and primarily include patients with unexplained intermittent priapism and bleeding disorders. Side effects such as occasional numbness, pain, **penile bruising**, or petechiae have a low incidence. A recently reported survey of 5,847 **vacuum** users showed that 83.5% of patients continue to use the device for intercourse as desired. Patients should receive individual instruction in the use of these devices and should expect a learning or practice period to achieve optimal results. As newer treatments for **erectile dysfunction** gain increasing attention, it should be kept in mind that nearly every patient showing **impotence** of any degree or duration as well as patients who have failed other **therapeutic** choices are candidates for **vacuum therapy**. (23 Refs.)

Record Date Created: 19970708

Record Date Completed: 19970708

36/7/15 (Item 15 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0010753748 BIOSIS NO.: 199799387808

Nonsurgical treatment of cavernosal venous leakage

AUTHOR: McMahon Chris G

AUTHOR ADDRESS: Sydney Importance Centre, 175 Burn Bay Road, Lane Cove,
Sydney, NSW 2066, Australia**Australia

JOURNAL: Urology 49 (1): p97-100 1997 1997

ISSN: 0090-4295

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

COMPLETED

ABSTRACT: Objectives. To evaluate the results of treating patients with **cavernosal venous leakage (CVL)** with polyagent self-administered **intracavernous pharmacotherapy** and vacuum constriction devices (VCDs). **Methods.** One hundred eighty-eight chronically **impotent** patients with a mean age of 58.8 years were studied. This group comprised 103 patients treated with standard-dose and high-dose polyagent self-administered **intracavernous pharmacotherapy** and 85 patients treated with a VCD. The **erectile** response was related to the severity of CVL (mild, moderate, and severe). **Results.** With standard polyagent **pharmacotherapy**, a response sufficient for satisfactory intercourse was achieved in 18 of 32 patients with mild CVL, 9 of 54 patients with moderate CVL, and in 0 of 17 patients with severe CVL. With high-dose polyagent **pharmacotherapy**, a response sufficient for satisfactory intercourse was achieved in 22 of 32